

2004 Epidemiologic Profiles of HIV Disease and STDs in Missouri



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MISSOURI 2004 EPIDEMIOLOGIC PROFILES of HIV DISEASE and STDs in MISSOURI

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Guidelines for Interpreting the 2004 Epidemiologic Profiles of HIV Disease and STDs in Missouri

What's New for 2004

The Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention (CDC) has increased their participation with each of the states to assist in development of a profile of the HIV/AIDS epidemic within their state. CDC is encouraging standardization of these reports across states, yet supports the portrayal of unique situations within each state. The Missouri Department of Health and Senior Services (DHSS), Office of Surveillance, HIV/AIDS Surveillance Program is committed to increasing the usefulness of the *Epidemiologic Profiles of HIV Disease and STDs in Missouri (Profiles)* to HIV/AIDS community planning groups, Ryan White Consortia groups, and DHSS HIV Prevention and Care employees. In our on-going effort to respond to CDC's suggestions and to improve the document's usefulness among community planning groups, several changes have been implemented this year.

Two methods of HIV/AIDS data analysis

This year the HIV/AIDS data were analyzed using two different methods. The first method is consistent with CDC guidelines to present the epidemiology of the HIV/AIDS disease by residence at diagnosis. For this data analysis, only cases that were diagnosed in Missouri, regardless of current residence on December 31, 2004, were used. This method was used to analyze HIV/AIDS data that are presented in all sections of the 2004 Profiles, except for the HIV/AIDS Care Planning section.

In the second method, the data were analyzed based on last known residence. Therefore, if someone were diagnosed in Missouri but no longer lives in Missouri, the case is not counted in the data. Conversely, if someone were diagnosed in another state and now lives in Missouri, the case is counted. The second method presents the best information possible regarding the most recent location of individuals who have HIV/AIDS in Missouri. This method was used to analyze HIV/AIDS data that are presented in the HIV/AIDS Care Planning section.

All HIV/AIDS data are presented by date of diagnosis

Historically, this document has focused on reporting HIV disease by year of report. Recently, CDC has stressed the importance of describing the HIV epidemic by date of diagnosis. Most of the tables and graphs in the 2003 edition of the Profiles presented data by date of diagnosis. Some of the graphs presented data by date of report. This year, all of the HIV/AIDS data are presented by date of diagnosis.

Inherent problems that occur when presenting the data by date of report are eliminated when data are presented by date of diagnosis. In Missouri, the date of report is the day that the case is entered into the HIV/AIDS Reporting System (HARS). Entry of data can be delayed by many factors, such as: how quickly the data form is sent from the testing agency to DHSS; personnel changes among data entry staff; workload of data entry staff; etc. Using the date of diagnosis eliminates the impact of these issues on HIV/AIDS surveillance.

Using date of diagnosis does have potential limitations. For many reported HIV cases, initial diagnosis of infection did not occur until several years after the initial infection; so at best, the trends in reported HIV cases can only approximate actual trends in new HIV infections. In addition, an individual must first be tested for HIV infection before being diagnosed as an HIV case. Because members of certain subpopulations may be more or less likely to be tested, different subpopulations could be over- or under-represented among diagnosed and reported HIV cases. If changes in testing behavior among at-risk persons or their health care providers have occurred over time, this could lead to an increase, or decrease, in the numbers of cases diagnosed and reported.

No adjustment for delayed reporting

Reporting case data by date of diagnosis does not eliminate all delayed reporting issues. CDC recommends that states make statistical adjustments that will compensate for delayed reporting problems. In Missouri, the Profiles for each year is produced during the first half of the following year. (The 2004

Profiles was created in the first half of 2005.) To produce the *Profiles* in the first half of each year, the data are extracted from HARS in January to produce a static data set for analysis. Not every case diagnosed during the previous year has been reported to DHSS as of the date this data set is created. In the past, this office has made statistical adjustments based on past patterns of reporting delays in Missouri. These adjustments were computed and presented in the *2003 Profiles*. Calculations of these adjustments for 2003 created statistical issues when presenting data at the regional levels by sub-groups. Rounding adjustments within sub-groups caused totals for regional data to vary from totals at the state level. While this variance was too small to affect delivery of services or funding issues, it created questions for some readers about the validity of the data presented in the *Profiles*. If the reader would like to adjust data for delayed reporting, the calculation consists of multiplying the number of cases by a factor of 1.194. This will result in an estimate of the final number of cases diagnosed in 2004, that can be expected to ultimately be reported to DHSS. However, none of the data presented in this year's *Profiles* are adjusted for delayed reporting. This should be considered when one is making comparisons of data presented in the 2003 and 2004 *Profiles*.

The number of HIV disease cases depicted in figures titled "HIV disease cases by current status and year of diagnosis" (Figure 4 in the Missouri Summary) is representative of those cases that have been diagnosed and reported to DHSS. It should be noted that the number of HIV disease cases diagnosed in 2004 and depicted in these figures are not adjusted for reporting delays. The HIV disease cases shown as having been diagnosed in 2003 have had additional time to be reported and time to be reclassified as AIDS cases. The totals for 2003 and 2004 are frequently compared in the *Profiles*. These comparisons are made of the unadjusted total number of cases reported by the end of the year in which the cases were initially diagnosed and by the status (HIV or AIDS) that the case was classified in at the end of the same year.

Exposure Category Tables

Throughout this book, there are tables that present data based on HIV exposure categories. The tables show the number and percentage of HIV and AIDS cases reported during the year, as well as cumulatively, for each exposure category. At the end of each calendar year, there are cases diagnosed during the year that have no indicated risk (NIR). These cases remain under investigation until an exposure category can be identified. There are some cases in which the person is deceased and an exposure category will never be assigned. Statistical procedures, based on past trends, were used to assign NIR cases to risk categories.

Impact of Interstate Duplication Evaluation Project (IDEP)

The mobility of American citizens impacts the ability to accurately track individuals living with HIV/AIDS disease. One of the main results of this mobility is that the same HIV infected person may be counted in two or more different states. CDC recognized the need to eliminate duplicate reports of individual cases to accurately report the impact of the HIV/AIDS epidemic in the United States. CDC's response to this problem was to implement the IDEP in 2002. This project consisted of comparing patient records across states to identify potential duplications, verification that a duplicate report did or did not exist, and if a duplicate did exist, assignment of that case to only one state. Updates were completed in December 2004. This procedure resulted in a loss of 401 cases in the cumulative numbers reported for Missouri between 2003 and 2004 (see Figure 1 in the Missouri Summary Section for 2004 cumulative numbers reported).

No HIV/STD Statistics Sheet

Historically, HIV/STD Statistics Sheets have been included as the final section of the *Profiles*. The sheets were originally generated in response to other data needs and were incorporated into the *Profiles* some years ago. The STD data for that document must be calculated by date of report, and consequently, the HIV data on the sheet were also calculated by date of report to maintain consistency with the STD data. However, by presenting data by date of diagnosis, the HIV data on the HIV/STD Statistics Sheets are no longer consistent with the HIV data in the rest of the *Profiles*. In an effort to present HIV data by date of diagnosis only, the statistics sheets will no longer be included in the *Profiles*. The same types of information can be found in the Missouri State Summary Section and regional sections of the *Profiles*, but calculated by date of diagnosis. The HIV/AIDS Statistic Sheet will continue to be produced annually and

may be found at http://www.dhss.mo.gov/HIV_STD_AIDS/Data.html, or a printed copy may be requested by contacting the Office of Surveillance, 930 Wildwood Drive, P.O. Box 570, Jefferson City, MO, 65102, or calling toll-free (866) 628-9891.

Glossary of Terms

A Glossary of Terms is located at the end of this section. If the reader is unclear about any terms used in the *Profiles*, he or she may feel free to contact the Office of Surveillance for additional information.

Population Estimates

The population estimates used for this document are based on the 2000 census. This information can be found at <http://www.census.gov/>.

General Information

The *2004 Profiles* is intended to be a comprehensive summary of the epidemiology (incidence and prevalence being the most important) of HIV disease and sexually transmitted diseases, specifically the bacterial STDs: gonorrhea, syphilis, and chlamydia, in Missouri through December 2004. The *Profiles'* primary audience is persons engaged in developing, evaluating, and modifying HIV/STD prevention services. The *2004 Profiles* should also serve as a useful reference for anyone wishing to understand the epidemiology of HIV disease and STDs in Missouri and each of the state's six HIV regions.

Obviously, persons with different interests and purposes have a need for HIV disease and STD data. To respond to these differences, the *Profiles* uses several different formats to present these data as well as other information important for understanding the occurrence of these diseases in Missouri. The data are broken down into several sections. Below are the section titles and a brief description of the information that can be found in the section.

- Executive Summary and Analysis of HIV Disease and Sexually Transmitted Diseases in Missouri is a summary/analysis of the epidemiology of HIV disease and STDs in Missouri, including implications for prevention efforts.
- Missouri Socio-Demographic Data is a discussion of Missouri's demographic characteristics including race/ethnicity, age distribution, and additional information represented within the general population for the state and each HIV region. Information regarding the number of people living below the poverty level and general level of education for the state population is presented.
- Missouri State Summary is a detailed description of the epidemiology of HIV disease and STDs in Missouri.
- Summaries of the Epidemiology of HIV Disease and STDs in each of Missouri's six HIV Regions are similar to the Missouri State Summary in presenting a detailed description of the epidemiology of HIV disease and STDs in each of the state's HIV regions. The regional sections are modeled after the state summary as far as types of information presented and order of presentation.
- Behavioral Survey Information has Missouri data from selected sections of the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Surveillance System.
- HIV/AIDS Care Data are presented on access and utilization of care among HIV-infected individuals in Missouri. (Data are analyzed by last known residence of each person.)
- Internet Resources is a listing of useful web sites. The Internet has become a very important source for information on HIV disease and STDs for community planning groups, medical professionals, policy makers, and the general public.

In order to understand the epidemiology of HIV disease in Missouri as presented in this document, it is essential to know what is meant by the terms HIV disease, HIV case, and AIDS case. From the time a person is infected with the human immunodeficiency virus (HIV) until death, he/she has **HIV disease**. All persons with HIV disease can be subclassified as either an **AIDS case** (if they are in the later stages of the disease process and have met the case definition for AIDS) or an **HIV case** (if they are in the earlier stages of the disease process and have not met the AIDS case definition). Additional discussion of these terms is found in the Glossary of Terms and throughout the document.

The patterns of occurrence of AIDS cases (and deaths) are not only the result of past trends in HIV infections, but also reflect access to, utilization of, and the effectiveness of available treatments. In recent years with the advent of highly active antiretroviral therapy, treatment-related issues have become very important factors in determining the number of new AIDS cases (and deaths), and trends in AIDS cases can no longer be seen as reflecting trends in new HIV infections. HIV cases, which generally represent persons more recently infected, can potentially provide information regarding current HIV infection trends. HIV cases can also provide information on which subpopulations are presently at increased risk for acquiring HIV infection and where prevention efforts should be targeted.

When reference is made to HIV cases diagnosed in 2004, this means HIV cases diagnosed during the year that remained HIV cases at the end of the year. HIV cases diagnosed in 2004 that later in the year became AIDS cases are included among AIDS cases diagnosed in 2004.

The information obtained on each reported case of HIV disease includes the person's race/ethnicity. As a result, each case is classified as one of the following: White, non-Hispanic; Black, non-Hispanic; Hispanic; Asian/Pacific Islander; or American Indian/Alaskan Native. In the text of this document, whenever HIV disease cases are being discussed, the term "White" means White, non-Hispanic, and "Black" means Black, non-Hispanic. Beginning with the 2000 Census, individuals could identify themselves as one or more races and also choose to identify themselves as Hispanic. Demographic data collection about Hispanics diagnosed with HIV disease has improved over last year but needs further improvement. Continuing efforts to improve the depiction of the HIV disease burden among our Hispanic population are being made.

The term "Outstate Missouri" refers to all of Missouri outside St. Louis City, St. Louis County, and Kansas City.

Persons living in Missouri correctional facilities (which include state, county, and local facilities) at the time of their HIV/AIDS diagnosis are included in the statewide data, since most of these individuals were probably Missouri residents prior to incarceration. However, persons living in Missouri correctional facilities are not included in the HIV/AIDS data for the six HIV regions of the state. This is based on the fact that these individuals, especially those in the state prison system, are often incarcerated in a different location than where they were residing (and were likely infected) prior to imprisonment. If included among the cases from the area where imprisoned at the time of diagnosis, it would distort the picture of the epidemic in that area.

The data in the *Profiles* do not include cases of HIV infection reported or diagnosed in persons anonymously tested at the state's four anonymous testing sites in St. Louis City, Kansas City, Springfield, and Columbia.

It may be impossible to make meaningful statements concerning trends in regions with low numbers of HIV or AIDS cases. In general, examining all text and appropriate charts, tables, and graphs, including total numbers of cases and case rates, is crucial to successfully interpreting the *Profiles*.

In the St. Louis and Kansas City regional sections, AIDS data from adjoining areas of Illinois and Kansas, respectively, are included to provide a more comprehensive description of the impact of the epidemic in the state's two largest metropolitan statistical areas.

In January 1993, the AIDS case definition was broadened to include individuals with HIV infection who

have a CD4+ count less than 200 cells/mm³ or a CD4+ percentage less than 14%, as well as HIV-infected persons with one of three additional conditions (pulmonary tuberculosis, invasive cervical cancer, or recurrent pneumonia). These changes in the case definition primarily account for the dramatic, one-time increase in the number of AIDS cases reported during 1993.

The 2004 *Profiles*, along with *Profiles* from previous years, are available on the DHSS web site at http://www.dhss.mo.gov/HIV_STD_AIDS/Data.html.

Magnitude of the Problem and General Trends

Since 1982, there have been 14,439 Missouri residents infected with HIV disease and reported to the Missouri Department of Health and Senior Services (DHSS). Of these cases, 9,810 (66.7%) were subcategorized as AIDS cases, and the remaining 4,629 (33.3%) were subcategorized as HIV cases.

The annual number of newly diagnosed and initially reported HIV disease cases decreased each year from 1992 through 2000. However, the number of cases increased in 2001 (553) and 2002 (590). In 2003, the number of HIV disease cases decreased to 519, and the unadjusted count for 2004 was 467; when adjusted for reporting delays, this total was 558.

The 366 HIV cases diagnosed in Missouri residents in 2004 was a 14% increase over the 321 cases diagnosed and reported before the end of 2003. The 101 AIDS cases diagnosed in Missouri residents in 2004 was a 3% decrease from the 104 cases diagnosed in 2003. One possible reason for this shift could be that the disease is being diagnosed and reported in earlier stages; therefore, there are fewer persons with an initial diagnosis of AIDS.

Of the 14,439 diagnosed HIV disease cases, 9,229 (63.9%) were living at the end of 2004, and 5,210 (36.1%) were deceased. The majority (5,039 cases, or 96.7%) of these deaths have been in persons subcategorized as AIDS cases. The 5,039 AIDS cases who died comprised 51.4% of all diagnosed cases of AIDS in Missouri. During 2004, 142 HIV-related deaths in Missouri residents were reported on death certificates (provisional data), an increase of 14.5% from the 124 HIV-related deaths reported in 2003. Although there was a 16.9% decrease in HIV-related deaths among Whites, the deaths reported on death certificates among Blacks increased by 63.8% between 2003 and 2004.

Not all HIV-infected persons have been diagnosed; thus, they are unaware of their infection status. It is estimated that the actual number of individuals infected with HIV who are presently living in Missouri is in the approximate range of 9,500 to 13,500 persons. The Centers for Disease Control and Prevention (CDC) has stated that, nationwide, approximately 30% of HIV-infected persons are not aware that they are infected.¹ Although, a more recent CDC report has indicated that among young, homosexual and bisexual males infected with HIV, the percentage unaware of their infection status may be much higher.² An essential component of HIV prevention is to encourage and assist persons at risk for HIV infection to be tested; so that, if infected, they can optimally benefit from available treatments and be assisted in making behavioral changes to eliminate or reduce the risk of transmission to others.

Improved antiretroviral therapies, introduced in the mid-nineties, have slowed the progress of HIV disease in many infected persons, an achievement especially reflected in the substantial decrease in diagnosed AIDS cases in Missouri from 1996 to 1997, and in HIV disease deaths from 1995 to 1997. The annual number of HIV disease deaths has remained generally stable during the past six years. This likely reflects the limitations associated with current treatment regimens. Other factors that could potentially play a role here include delayed testing among certain populations and limited access to or the use of health care services.³

There is an obvious need for continued emphasis on prevention of new infections and accessible care services for all infected persons. Everyone needs to clearly understand that “despite medical advances, HIV infection remains a serious, usually fatal disease that requires complex, costly, and difficult treatment regimens that do not work for everyone. As better treatment options are developed, we must not lose sight of the fact that preventing HIV infection in the first place precludes the need for people to undergo these difficult and expensive therapies.”⁴

The ability of improved treatments to extend the lifespan of AIDS patients is reflected in the consistent increase in the number of persons living with AIDS in recent years, even though the annual numbers of new AIDS cases have been decreasing. At the end of 2004, 4,771 persons who were Missouri residents at the time of diagnosis were living with AIDS.

Where

Of the 4,629 diagnosed HIV cases, 1,421 (30.7%) were from St. Louis City, 1,112 (24.0%) were from Kansas City, 1,078 (23.3%) were from Outstate Missouri, and 675 (14.6%) were from St. Louis County.

Of the 9,810 diagnosed AIDS cases, 2,827 (28.8%) were from St. Louis City, 2,672 (27.2%) were from Kansas City, 2,527 (25.8%) were from Outstate Missouri, and 1,498 (15.3%) were from St. Louis County.

Cases of HIV disease disproportionately occur in the state's two major metropolitan areas (St. Louis and Kansas City). The highest rates of both HIV and AIDS cases, as well as the largest numbers of cases, were found in these two areas. St. Louis City consistently has had the highest case rates, followed by Kansas City, St. Louis County, and Outstate Missouri.

Of the total diagnosed HIV cases, 69.3% came from St. Louis City, St. Louis County, and Kansas City (which together comprise 32.3% of the state's population). However, 1,078 (23.3%) cases of HIV have been diagnosed in the Outstate Missouri area. The HIV case rate was the highest in St. Louis City, followed by Kansas City and St. Louis County. Of the total diagnosed AIDS cases, 71.3% were from St. Louis City, St. Louis County, and Kansas City. Yet, 2,527 (25.8%) AIDS cases have been diagnosed in the Outstate Missouri area. Again, the highest case rate was in St. Louis City, followed by Kansas City and St. Louis County.

Within St. Louis City/County and Kansas City, HIV disease cases and cases of bacterial STDs generally tended to occur in the same specific areas. It is within these areas that the needs for prevention and care services are the greatest.

Who

Of the 366 HIV cases diagnosed in 2004, 286 (78.1%) were in males and 80 (21.9%) were in females. The case rate for males (10.5) was 3.8 times higher than the case rate for females (2.8). Additionally, 175 (47.8%) of these cases were in Whites, 165 (45.6%) were in Blacks, eight (2.2%) were in Hispanics, and three (0.8%) were in Asians/Pacific Islanders, and there were no new cases in American Indians. The case rate for Blacks (26.4) was 7.1 times higher than the case rate for Whites (3.7).

Of the 101 AIDS cases initially diagnosed in 2004, 81 (80.2%) were in males and 20 (19.8%) were in females. The case rate for males (3.0) was 4.3 times higher than the case rate for females (0.7). In addition, 56 (55.4%) of these cases were in Whites, 44 (43.6%) were in Blacks, one (1.0%) was an American Indian, and there were no new cases in Asian/Pacific Islanders or Hispanics. The case rate for Blacks (7.0) was 5.8 times higher than the case rate for Whites (1.2).

Males continued to make up the largest number of newly diagnosed HIV disease cases, but the number of females who acquired HIV disease through heterosexual contact has increased. (See further discussion in the Exposure Category section of this summary.)

In 2004, Blacks comprised 45.6% of newly diagnosed HIV cases and 43.6% of newly diagnosed AIDS cases. Given that Blacks comprise only 11.2% of the state's general population, this clearly indicates their disproportionate representation among HIV-infected persons. Blacks are also disproportionately represented among reported cases of gonorrhea, chlamydia, and syphilis (see the discussion of these diseases later in this summary).

For Hispanics, the total number of cases diagnosed in 2004 for HIV and AIDS in Missouri was small; however, there were almost four times as many Hispanics who were diagnosed with HIV disease in 2004 than in 2003. There are some reasons for concern that HIV disease might be a more significant problem

for Hispanics in Missouri than current numbers seem to indicate. First, it is possible that among diagnosed HIV and AIDS cases, incorrect or incomplete information was provided on the case report forms. Therefore, a higher proportion maybe of Hispanic ethnicity than is indicated by the current data. Second, the Hispanic population is increasing rapidly in Missouri. According to 2000 census data, Missouri's Hispanic population grew by 92.2% during the period from 1990 to 2000 (from 61,698 in 1990 to 118,592 in 2000); in contrast, Missouri's total population grew by only 9.3% during this time.⁵ Another point with regard to persons identified as Hispanic is that these individuals actually consist of a diverse mixture of ethnic groups and cultures. This points to the need for specifically targeted prevention efforts.⁶

Numbers of diagnosed HIV and AIDS cases in Asians and American Indians have been very small; these two groups comprise less than 0.9% of newly diagnosed HIV and AIDS cases. In 2004, one AIDS case and three HIV cases were diagnosed in Asians and American Indians in Missouri.

It should be emphasized that race/ethnicity in itself is not a risk factor for HIV infection; however, among many racial/ethnic minority populations, social, economic and cultural factors are associated with high rates of HIV risk behavior. These factors also may be barriers to receiving HIV prevention information or accessing HIV testing, diagnosis, and treatment.⁷

Though the number of HIV cases in the 25-44 age group is highest, the case rates for new HIV infections in Whites and Blacks are the highest among persons 19-24 years of age. CDC estimates that, nationwide, about half of all new HIV infections are in young people under 25 years of age.¹

In 2004, there were no infants born who contracted HIV perinatally. The number of perinatal HIV cases dropped from four in 1996 to zero in 2004, while the annual number of live births in Missouri remained fairly constant. This difference reflects the use, starting in mid-to late-1994, of zidovudine (AZT, ZDV) treatment to reduce the risk of perinatal HIV transmission. It remains vitally important for all pregnant women to receive adequate prenatal care, starting early in their pregnancy, and to know their HIV status so that, if infected, they can take advantage of antiretroviral treatment to significantly reduce the risk of HIV transmission to their unborn child, and also receive optimal treatment for their own disease. Prenatal providers should encourage all pregnant women to undergo voluntary HIV testing, and such testing should be viewed as a routine part of prenatal care.⁸

Major Exposure Categories

There are currently four major exposure categories into which almost all adults/adolescents recently infected with HIV can be placed: 1) men who have sex with men (MSM); 2) men who have sex with men and inject drugs (MSM/IDU); 3) injecting drug users (IDU); and 4) heterosexual contacts.

Men Who Have Sex With Men (MSM)

It is estimated that 2,926 (63.9%) of the total reported 4,582 adult/adolescent HIV cases and 6,827 (70.1%) of the total reported 9,738 adult/adolescent AIDS cases in Missouri were MSM. It is also estimated that approximately 247 (67.5%) of the 366 new adult/adolescent HIV cases and 64 (63.4%) of the 101 new adult/adolescent AIDS cases reported in 2004 in Missouri were MSM.

HIV infection is a problem among White and Black MSM alike; more cases have been diagnosed from White MSM, but Black MSM were experiencing higher rates of infection. In 2004, White males comprised 59.2%, Black males 36.2%, and Hispanic males 2.6% of the newly diagnosed MSM HIV cases in Missouri. Of newly diagnosed AIDS cases in this exposure category, 61.5% were in White males, 38.5% were in Black males, and none were in Hispanic males.

Most living persons who contracted HIV by the MSM mode of transmission became infected while in their twenties or thirties, but infections have also been occurring in teenagers (79 cases). Black MSM in Missouri generally become infected at somewhat younger ages compared to White MSM. The 2004 data indicated that 43.5% of living Black MSM reported they were in their twenties and 42.2% of living White

MSM reported they were in their thirties when they were diagnosed with the disease. CDC data from other states suggest that racial/ethnic minority MSM may become infected at younger ages compared with White MSM.⁶

The majority of HIV-infected MSM in Missouri were from the St. Louis and Kansas City metropolitan areas. Of total living MSM HIV cases at the end of 2004, 75.4% were in St. Louis City, St. Louis County, and Kansas City at the time of diagnosis. The racial/ethnic break down was 69.5% of White MSM HIV cases, 84.8% of Black MSM cases, and 82.6% of Hispanic MSM cases were from one of these three locations.

It is estimated that approximately 247 of the new HIV cases and 64 of the new AIDS cases diagnosed in 2004 were MSM. It should be noted that CDC has been expressing concern that the risk for HIV transmission in MSM may be increasing in some parts of the country. Evidence for this includes increased rates of syphilis, gonorrhea, and chlamydia infections, largely among HIV-infected MSM in many cities in the U.S. Preliminary data also indicate higher frequencies of unsafe sex and suggest that the incidence of HIV infection may be rising among MSM in some cities. The underlying behavioral changes are likely related to effects of improved HIV/AIDS therapy on quality of life and survival, "safer sex burnout," and in some cities, adverse trends in substance abuse.⁹

Men Who Have Sex With Men and Inject Drugs (MSM/IDU)

It is estimated that 256 (5.6%) of the 4,582 diagnosed adult/adolescent HIV cases and 858 (8.8%) of the 9,738 diagnosed adult/adolescent AIDS cases in Missouri were MSM/IDU. It is also estimated that approximately 10 (2.7%) of the 366 new adult/adolescent HIV cases and five (5.0%) of the 101 new adult/adolescent AIDS cases in 2004 were in MSM/IDU.

HIV infection is a problem among White and Black MSM/IDU alike; more cases have been diagnosed in White MSM/IDU, but Black MSM/IDU have been experiencing higher rates of infection. Of MSM/IDU HIV cases living at the end of 2004, 61.2% were diagnosed in White males, 34.4% were in Black males, and 2.4% were in Hispanic males.

Of the living MSM/IDU diagnosed with HIV, a majority (71.3%) were in their twenties or thirties at the time of diagnosis.

The majority of HIV-infected MSM/IDU were from the St. Louis and Kansas City metropolitan areas. Of MSM/IDU HIV cases living at the end of 2004, 53.1% were diagnosed in St. Louis City, St. Louis County, and Kansas City; the racial breakdown was 45.3% of White MSM/IDU HIV cases and 65.3% of Black MSM/IDU cases were from one of these three locations.

A recent CDC report on MSM/IDU pointed out that because these individuals have multiple risks for HIV infection, they are particularly vulnerable to infection and can transmit HIV across multiple populations, including MSM, IDU, and heterosexual females. Prevention strategies must provide the information, skills, and support necessary to reduce sexual and drug-related risk behaviors among MSM/IDU and include access to drug treatment and case management.¹²

Injecting Drug Users (IDU)

It is estimated that 390 (8.5%) of the 4,582 reported adult/adolescent HIV cases and 754 (7.7%) of the 9,738 diagnosed adult/adolescent AIDS cases in Missouri were IDU. It is also estimated that approximately 27 (7.4%) of the 366 new adult/adolescent HIV cases and 11 (10.9%) of the 101 new adult/adolescent AIDS cases diagnosed in 2004 were IDU.

The sharing of syringes and other drug paraphernalia among persons who inject drugs has been a less common means of transmitting HIV in Missouri compared to that of other states. However, IDU do make

up approximately 8.5% of Missouri's total diagnosed adult/adolescent HIV cases with an additional 5.6% of HIV cases in MSM who also report injecting drug use (MSM/IDU). Also, IDU make up approximately 7.7% of Missouri's total AIDS cases with an additional 8.8% of AIDS cases in MSM/IDU.

Of newly diagnosed IDU HIV cases for 2004, 58.8% were in Whites and 41.2% were in Blacks. Among cases still alive at the end of 2004, 48.1% were in Blacks and 47.8% were in Whites.

The largest proportion of living IDU HIV cases were in persons 25-34 years of age when they were diagnosed with HIV; a relatively small percentage (4%) were diagnosed while teenagers.

Of living HIV cases in IDU, one-half were in persons living in St. Louis City, St. Louis County, and Kansas City at the time of diagnosis. One out of every five (21.7%) IDU HIV cases were diagnosed while in correctional facilities, as opposed to 5.7% of heterosexual contacts and 5.4% of MSM HIV cases diagnosed in correctional facilities.

It is estimated that approximately 27 new HIV cases and 11 new AIDS cases were diagnosed in IDU in 2004. This is similar to the estimated number of HIV and AIDS cases diagnosed in 2003.

Behavioral survey HIV Testing Study II (HITS II) findings indicate the presence of behaviors associated with HIV transmission, such as multiple sexual partners, inconsistent condom use, and non-injectable drug use in the populations of Missouri IDU surveyed.¹⁰ Some HIV-infected IDU likely became infected through sexual contact rather than the sharing of syringes/drug paraphernalia. The presence of such risky behaviors, coupled with a recent estimate of approximately 12,000 IDU currently living in Missouri¹³, point to the ongoing need for prevention efforts directed to both drug-use and sexual behaviors in IDU populations.

Additional Comments

Substance Abuse, Including Non-Injecting Drug Use

Studies have found that substance abuse is fueling the sexual spread of HIV in the U.S., especially in minority communities with high rates of STDs.¹⁴ The sharing of syringes and other drug paraphernalia is a well-known route of HIV transmission, yet injection drug use contributes to the HIV epidemic's spread far beyond the circle of those who inject. People who have sex with an IDU are also at risk for infection through the sexual transmission of HIV. Children born to mothers who contracted HIV through sharing needles or having sex with an IDU may become infected as well. Non-injection drugs (such as "crack" cocaine or some methamphetamines) also contribute to the spread of the epidemic when users trade sex for drugs or money, or when they engage in risky sexual behaviors that they might not engage in when sober. One CDC study of more than 2,000 young adults in three inner-city neighborhoods found that "crack" smokers were three times more likely to be infected with HIV than non-smokers. Effective substance abuse treatment that helps people stop using drugs not only eliminates the risk of HIV transmission from sharing contaminated syringes, but also, for many, reduces the risk of engaging in risky behaviors that might result in sexual transmission.¹⁵

Heterosexual Contacts

It is estimated that 970 (21.2%) of the total reported 4,582 adult/adolescent HIV cases and 1,038 (10.7%) of the total reported 9,738 adult/adolescent AIDS cases in Missouri were in heterosexual contacts. It is also estimated that approximately 82 (22.4%) of the 366 new adult/adolescent HIV cases and 20 (19.8%) of the 101 new adult/adolescent AIDS cases diagnosed in 2004 were in heterosexual contacts.

The majority of diagnosed heterosexual contact HIV and AIDS cases have been in females. The fact that there are fewer male cases may, in part, be related to two factors. First, some females who reported

heterosexual contact as mode of transmission could have been infected by bisexual males. However, if these bisexual males are themselves diagnosed and reported, they will, according to the current classification scheme, be categorized as MSM, not heterosexual contact cases. Second, adolescent and young adult males are less likely to be seen by a medical provider than are females of the same age. Consequently, young females may have more opportunity to receive HIV testing and thus be more likely, if infected, to be diagnosed and reported than are young males.

Black females were especially affected, making up 46.8% of diagnosed heterosexual contact HIV cases in 2004. White females, the next proportionately highest group, comprised an additional 34.0% in 2004. Heterosexual contact was the predominant way that females in Missouri were infected with HIV, 68.0% of currently living females with HIV were infected through heterosexual contact.

The largest proportion of female heterosexual-contact cases were initially infected while in their twenties. However, teenagers are also being infected with HIV through heterosexual transmission. It should be noted that some of the persons diagnosed with HIV in their twenties were likely infected in their teens and not diagnosed until they were older.

The majority of HIV-infected heterosexual contacts are from the St. Louis and Kansas City metropolitan areas. Of total HIV cases in heterosexual contacts who were still alive at the end of 2004, 65.8% were diagnosed in St. Louis City, St. Louis County, and Kansas City. From these three localities, 40.2% were White heterosexual contact HIV cases, 79.1% were Black heterosexual contact cases, and 77.8% were Hispanic heterosexual contact cases.

It is estimated that approximately 82 new HIV cases were diagnosed in heterosexual contacts in 2004.

Given the increasing number of heterosexual contact HIV cases being diagnosed and the known presence of high-risk sexual behaviors among many heterosexuals, prevention efforts directed to at-risk subpopulations of heterosexuals are vital.

Among the subpopulations of concern are teenagers. Results from the Missouri Youth Risk Behavior Surveillance System indicate that many teenagers are engaging in sexual behaviors that place them at risk for sexually transmitted infections, including infection with HIV.¹¹ Such risky behaviors are reflected in the fact that teenagers make up a substantial proportion of reported cases of gonorrhea and chlamydia. Among gonorrhea cases reported in Missouri in 2004, persons 10-19 years of age made up 39.2% of Black female cases, 34.3% of White female cases, 19.3% of Black male cases, and 15.8% of White male cases.

Behavioral survey (HITS II) results from STD clinic patients indicated the continuing presence of behaviors associated with HIV and STD transmission, such as multiple sexual partners, inconsistent condom use, and drug use. The findings also indicated that some of these individuals might be less careful than before regarding sexual or drug-use behaviors because of their knowledge of more effective HIV treatment regimens. Persons who receive services in STD clinics, as well as other persons with a recent history of an STD, comprise populations in continuing need of effective prevention services.¹⁰

Prevention activities must additionally address bisexual males with or at risk for HIV infection, since these individuals form a bridge between infected or high-risk male homosexual and heterosexual populations. In this regard, it is significant that information obtained through interviews indicates that at least 24% of reported MSM HIV disease cases state they have also had sex with a female(s), and among reported cases in MSM/IDU, the figure is at least 44%. This latter percentage is consistent with the results of a CDC-supported study that interviewed HIV-infected MSM/IDU in 12 states (not including Missouri) and found that 43% reported having had sex with females in the preceding five years.¹²

Other Sexually Transmitted Diseases in Missouri - 2004

General Summary and Comments

Sexually transmitted diseases (STDs) such as gonorrhea, chlamydia, and syphilis are important public health problems in Missouri. Each of these diseases has the potential to cause very serious long-term consequences in infected persons. In addition, the presence of any of these diseases makes HIV transmission from an HIV-infected person to his/her non-HIV-infected sexual partner 2-5 times more likely to occur. More specifically, biological factors make persons who are infected with an STD more likely to become infected with HIV if exposed sexually; and HIV-infected persons with an STD are more likely to transmit HIV to their sexual partners. It follows that an essential component of HIV prevention consists of efforts to decrease the occurrence of STDs.¹⁶

Gonorrhea

Large numbers of Missourians are infected with *Neisseria gonorrhoeae* each year; 9,218 gonorrhea cases were reported in the state in 2004, and many additional persons were infected but not diagnosed or reported. Blacks continue to be very disproportionately affected. In 2004, 5,998 (65.1%) gonorrhea cases were reported in Blacks compared to 1,468 (15.9%) cases in Whites, and the rate of reported Black cases (958.7) was 30.6 times the rate for Whites (31.3). For both Blacks and Whites, the largest numbers of cases were reported from persons in their late teens and early twenties. Among females, late teens (15-19) and early twenties (20-24) were the age groups with the most reported cases, whereas among males, the largest numbers of cases were in the 20-24 year old age group.

In 2004, the largest number of gonorrhea cases were reported from Kansas City, followed by St. Louis City, St. Louis County, and Outstate Missouri. Cases were reported from 101 (88.6%) of Missouri's 114 counties and St. Louis City. The annual number of reported gonorrhea cases in Missouri decreased each year from 1989 to 1997; since that time, no sustained upward or downward trends have been seen. The 9,218 cases reported in 2004 represented a 4.8% increase from the 8,792 cases reported the preceding year.

In 2003, Missouri ranked 10th among the 50 states in rates of reported gonorrhea cases; in addition, with a case rate of 752.2, St. Louis topped the list and Kansas City ranked 7th (with a rate of 559.1) among U.S. cities of greater than 200,000 population in reported rates of gonorrhea cases.¹⁷

Comment:

Most gonococcal infections among males produce symptoms that cause them to seek curative treatment soon enough to prevent serious complications, but this may not be soon enough to prevent transmission to others. Among females, many *N. gonorrhoeae* infections do not produce recognizable symptoms until complications (such as pelvic inflammatory disease, or PID) have occurred. If not adequately treated, 10% to 40% of females infected with gonorrhea develop PID. Among females with PID, tubal scarring will cause involuntary infertility in 20%, ectopic pregnancy in 9%, and chronic pelvic pain in 18%. Both symptomatic and asymptomatic cases of PID can result in tubal scarring that can lead to complications.^{9,17}

In Missouri, as well as nationwide, the largest burden of infection is in Blacks, teenagers and young adults, and urban areas. However, gonococcal infections, although on a smaller scale, are also occurring in other groups of individuals and in non-urban areas. The case rate of 164.7 for gonorrhea reported in Missouri in 2004 was 8.7 times higher than the Healthy People 2010 (HP2010) national objective case rate, which is 19.¹⁸

The fact that large numbers of new infections are taking place each year in Missouri is an ongoing cause for concern because the presence of an inflammatory STD such as gonorrhea can facilitate the transmission of HIV. In addition, the occurrence of large numbers of gonococcal infections reflects the substantial prevalence of unsafe sexual practices, which can cause transmission of other STDs and HIV.

Prevention of new gonococcal infections should be an important priority, and can include efforts to provide education and promote behavior change among high-risk individuals and groups. Because gonococcal infections among females often are asymptomatic, an important component of gonorrhea control continues to be the screening of females at high risk for STDs.⁹ In addition, medical providers should be encouraged and assisted to properly diagnose, report, and treat gonorrhea in their patients. New guidelines⁹ for managing patients with gonorrhea were published by CDC in May 2002, and are available at <http://www.cdc.gov/std/treatment/default.htm>.

Chlamydia

Large numbers of Missourians are infected with *Chlamydia trachomatis* each year. In 2004, 21,319 chlamydia cases were reported in the state, and many additional persons were infected but not diagnosed or reported. Because of incomplete information, the race of approximately one-fifth of reported cases is not known. However, based on available data, it is evident that Blacks are disproportionately affected by chlamydia, although not to the extent seen with syphilis and gonorrhea. The case rate reported in 2004 in Blacks (1,545.4) was 11.8 times the case rate in Whites (131.2). For all racial groups, the largest numbers of cases were reported from persons in their late teens and early twenties; among both White and Black females, the late teens was the age group with the most reported cases.

In 2004, the largest numbers (41.3%) of chlamydia cases were reported from Outstate Missouri, followed by Kansas City (20.6%), St. Louis City (19.4%), and St. Louis County (18.8%). However, the highest case rates were in St. Louis City (1,186.1), followed by Kansas City (993.3), St. Louis County (394.1), and Outstate Missouri (232.2). In 2004, there was at least one case of chlamydia in each of the 114 counties in Missouri and St. Louis City. The annual number of reported chlamydia cases increased dramatically from 1985 through 1990, reflecting a marked increase in chlamydia testing during this period. Since 1990, the number of cases reported each year has, in general, continued to increase although at a much slower rate. The 18,570 cases reported in 2002 represented a 14.8% increase from the 16,181 cases reported the preceding year. The 21,319 cases reported in 2004 represents another increase—14.8%, over 2003.

In 2003, Missouri ranked 15th among the 50 states in rates of reported chlamydia case rates (327.4, slightly above the national case rate of 296.5). St. Louis City ranked 5th and Kansas City 8th among U.S. cities of greater than 200,000 population in reported case rates of chlamydia.¹⁷

Because chlamydial infection frequently occurs without symptoms, the disease is often not diagnosed, or, in some instances, not diagnosed until complications develop. Consequently, screening of persons at increased risk for *C. trachomatis* infection, such as young, sexually active females, is very important so that infected persons can be treated, halting the further spread of infection, and the extent of the infection can be determined. The numbers of chlamydia cases reported, and their distribution, significantly depend on where and in what populations screening is occurring. In this regard, the Missouri Infertility Prevention Project has been important in making chlamydia screening available to large numbers of young females throughout the state. This results in detecting many additional infected individuals, thus providing a more representative picture of chlamydia in Missouri. However, many females who are at risk for this infection are still not being tested, reflecting the lack of awareness among some health care providers and the limited resources available to support screening. Chlamydia screening and reporting are likely to expand further in response to the recently implemented Health Plan Employer Data and Information Set measure for chlamydia screening of sexually active females 15 through 25 years of age who are provided medical care through managed care organizations.¹⁷

In parts of the United States where large-scale chlamydia screening programs have been instituted, prevalence of the disease has declined substantially.¹⁷ There is also evidence that screening and treatment of chlamydial cervical infection can reduce the likelihood of PID. The 2002 STD Treatment Guidelines from CDC state that “sexually active adolescent women should be screened for chlamydial infection at least annually, even if symptoms are not present. Annual screening of all sexually active women aged 20–25 years is also recommended, as is screening of older females with risk factors, such as a new sexual partner and those with multiple sexual partners. An appropriate sexual risk assessment

should always be conducted and may indicate more frequent screening for some women.”⁹

Prevention of new chlamydial infections should be an important priority and, besides screening of high risk females, can include efforts to provide education and promote behavior change among high-risk and potentially high-risk groups. In addition, medical providers should be encouraged and assisted to properly diagnose, report, and treat chlamydia in their patients. The new guidelines⁹ for managing patients with chlamydia, published by CDC in May 2002, are available at <http://www.cdc.gov/std/treatment/default.htm>.

Syphilis

Primary and Secondary Syphilis

The annual number of reported cases of primary and secondary (P&S) syphilis in Missouri has been decreasing since 1993. However, the 94 cases of P&S syphilis reported in 2004 represent a 54.1% increase from the 61 cases reported the preceding year. An additional 58 cases of early latent syphilis (duration of less than one year) were reported during 2004, a 26.1% increase from the 46 cases reported in 2003.

Blacks continue to be disproportionately affected by syphilis with 34% of the cases reported in 2004 compared to 66% in Whites. The case rate for blacks (5.1) was 3.9 times the case rate for Whites (1.3). The average age at the time of diagnosis was higher for reported cases of P&S syphilis as compared to reported cases of chlamydia or gonorrhea, and a noticeable proportion of cases were seen in persons greater than 40 years of age. In 2004, St. Louis City and St Louis County reported 55 (58.5%) of the 94 reported P&S syphilis cases. Kansas City reported 23 (24.5%) of the cases and the Outstate area reported 16 cases (17.%). The highest rate of reported P&S syphilis cases was in St. Louis City (13.5), with lower rates in Kansas City (5.2), St. Louis County (0.8), and the Outstate area (0.4). Only 12 of the state's 114 counties and St. Louis City reported P&S syphilis cases in 2004.

In 2003, Missouri ranked 28th among the 50 states in rates of reported P&S syphilis cases. St. Louis City ranked 23rd and Kansas City 30th among U.S. cities of greater than 200,000 population in reported rates of P&S cases.¹⁷

Congenital Syphilis

In 2004, two cases of congenital syphilis were reported in Missouri. One case was reported in St. Louis City and one in Christian County. In 2003, four cases were reported in Missouri.

Comment:

The clear majority of syphilis cases continue to occur in the St. Louis area (especially St. Louis City). In 2004, the largest number of infections were in Whites. In contrast to chlamydia and gonorrhea, cases of P&S syphilis were more likely to be seen in persons in their thirties and older. The numbers of reported cases of P&S syphilis in Missouri were much smaller than the other reported STDs, such as gonorrhea and chlamydia.

Syphilis produces ulcers which can facilitate in the transmission of HIV disease. Because of the severity and the ulcerative nature of untreated syphilis infection, along with the significant resources that must be devoted to the investigation and the follow-up of even a single syphilis case, the control and eventual elimination of this disease remains an important priority. Also, although the number of cases reported in 2004 was small, the potential still remains for the recurrence of significant outbreaks of syphilis in the state.

Prevention of new syphilis infections can include efforts to provide education and promote behavior change among high-risk and potentially high-risk groups. In addition, medical providers should be encouraged and assisted to properly diagnose, report, and treat syphilis in their patients. New guidelines⁹ for managing patients with syphilis were published by CDC in May 2002, and are available at <http://www.cdc.gov/std/treatment/default.htm>.

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Missouri Demographic Summary

Based On Data From Census 2000

Missouri's total population via Census 2000 was 5,595,211, ranking the state as the 17th most populated in the nation. Percentages of the state's population, stratified by race/ethnicity and sex, are detailed in Table 1.

Table 1. Distribution of the general population, by race/ethnicity and sex, Missouri, 2000			
Race/Ethnicity	Male n=2,720,177	Female n=2,875,034	Total n=5,595,211
White, Non-Hispanic	84.0%	83.6%	83.8%
Black, Non-Hispanic	10.8%	11.6%	11.2%
Hispanic	2.3%	2.0%	2.1%
Asian / Pacific Islander	1.2%	1.2%	1.2%
American Indian / Alaskan Native	0.4%	0.4%	0.4%
Other / Unknown Race/Ethnicity	1.4%	1.4%	1.4%

Source: <http://factfinder.census.gov>. Accessed March 2004.
Note: Percentages may not total due to rounding.

- The average difference between the percentages of males and of females for each race/ethnicity is one-quarter of a percent.
- Approximately four-fifths of the state is White, Non-Hispanic, and another one-tenth of the state is Black, Non-Hispanic.

Percentages of the state's population, stratified by age and sex, are detailed in Table 2.

Table 2. Distribution of the general population, by age group and sex, Missouri, 2000			
Age Group	Male n=2,720,177	Female n=2,875,034	Total n=5,595,211
<2	2.8%	2.5%	2.6%
2 to 12	16.3%	14.8%	15.5%
13 to 18	9.3%	8.4%	8.8%
19 to 24	8.3%	7.9%	8.1%
25 to 44	29.7%	28.5%	29.1%
45 to 64	22.3%	22.4%	22.3%
65+	11.3%	15.6%	13.5%

Source: Census 2000 Summary File 2, <http://factfinder.census.gov>. Accessed March 2004.
Note: Percentages may not total due to rounding.

- Approximately one-half of the Missouri population falls in the age range of 25 to 64.
- There is a majority of males in all age groups except for ages 45 and older.

Percentages of the state's population, stratified by race/ethnicity and Missouri HIV Regions, are detailed in Table 3.

Table 3. Distribution of the general population, by race/ethnicity and HIV region of residence, Missouri, 2000						
Race/Ethnicity	St. Louis n=2,003,762	Kansas City n=1,155,161	Northwest n=240,869	North Central n=711,541	Southwest n=1,006,115	Southeast n=477,763
White, Non-Hispanic	76.4%	78.2%	94.5%	91.1%	93.1%	91.8%
Black, Non-Hispanic	19.0%	14.1%	2.5%	4.9%	1.4%	5.5%
Hispanic	1.5%	4.2%	1.4%	1.5%	2.2%	1.0%
Asian / Pacific Islander	1.6%	1.2%	0.3%	0.9%	0.8%	0.3%
American Indian / Alaskan Native	0.2%	0.4%	0.3%	0.3%	0.9%	0.4%
Other / Unknown Race/Ethnicity	1.3%	1.7%	1.0%	1.2%	1.6%	0.9%
Source: Census 2000 Summary File 1, http://factfinder.census.gov . Accessed March 2004. Note: Percentages may not total due to rounding.						

- Fifty-seven percent of the state's population reside in the St. Louis and Kansas City HIV Regions.
- The St. Louis and Kansas City HIV Regions have lower percentages of White, Non-Hispanic residents (approximately 15-20% fewer) than the remaining four regions.
- The St. Louis and Kansas City HIV Regions have higher percentages of Black, Non-Hispanic residents (approximately 10-15% greater) than the remaining four regions.

Percentages of the top 20 Missouri counties with the most residents falling below the poverty level are detailed in Table 4.

Table 4. Percentage of the population under the poverty level for selected counties, Missouri, 2000

County	Percent below poverty level	HIV Region
Pemiscot County	30.4%	Southeast
Shannon County	26.9%	Southwest
Carter County	25.2%	Southeast
St. Louis City	24.6%	St. Louis
Dunklin County	24.5%	Southeast
Mississippi County	23.7%	Southeast
Adair County	23.3%	North Central
New Madrid County	22.1%	Southeast
Oregon County	22.0%	Southwest
Ripley County	22.0%	Southeast
Wayne County	21.9%	Southeast
Wright County	21.7%	Southwest
Ozark County	21.6%	Southwest
Texas County	21.4%	Southwest
Washington County	20.8%	Southeast
McDonald County	20.7%	Southwest
Reynolds County	20.1%	Southeast
Hickory County	19.7%	Southwest
St. Clair County	19.6%	Southwest
Iron County	19.0%	Southeast

Source: <http://www.census.gov/hhes/poverty/2000census/popvstat00.html>. Accessed March 2004.

- There are no counties from the Kansas City or the Northwest HIV Regions represented in the top 20 counties with the highest poverty rates.
- One-half of the counties are found in the Southeast HIV Region and another two-fifths of the counties are found in the Southwest HIV Region. When combined, nine-tenths of the top 20 counties are found in the southern regions.
- St. Louis City (which is considered by some to be one of the state's 115 counties) ranks fourth of the top 20; it is the most densely populated metropolitan area in the state.

Percentages of residents 25 and older of the three largest Metropolitan Statistical Areas of Missouri (Kansas City, St. Louis, and Springfield) as compared to the entire state, stratified by highest level of education attained, are detailed in Table 5.

Table 5. Percentage of population 25 years and older, with high school diplomas or higher or with bachelor's degrees, Missouri, 2000		
MSA	HS diploma or above	Bachelor's degree or above
Kansas City	79.4%	27.4%
St. Louis	75.6%	19.4%
Springfield	86.1%	22.6%
MISSOURI TOTAL	84.2%	23.9%
Source: Census 2000 Supplementary Survey, www.census.gov/c2ss/www/Products/Profiles/2000/index.htm . Accessed March 2004		

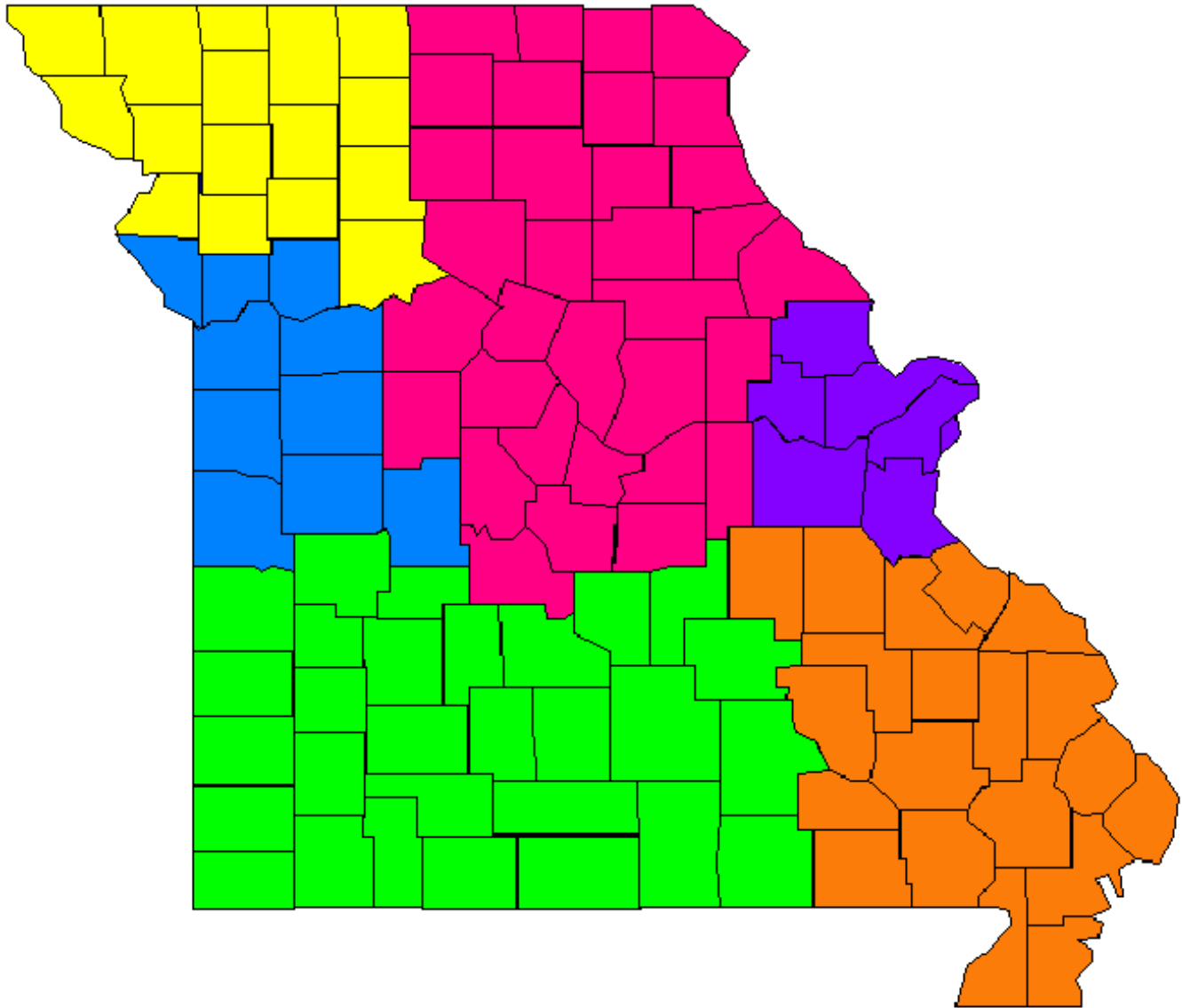
- Of these three areas, only Springfield has a higher percentage of high school graduates than the percentage of the state as a whole.
- Kansas City has a higher percentage of residents with a bachelor's degree than the percentage of the state as a whole.
- St. Louis has the fewest high school graduates age 25 or older and residents with a bachelor's degree of the three areas.

Percentages of non-elderly residents (younger than 65 years of age) without health insurance coverage, stratified by race/ethnicity, are detailed in Table 6.

Table 6. Percentage of non-elderly (0-64 years of age) without health insurance coverage, by race/ethnicity, Missouri, 2000	
Race/Ethnicity	Non-Elderly (0-64 yrs.)
White, Non-Hispanic	10%
Black, Non-Hispanic	15%
Hispanic	27%
Other	17%

- More than a one-fourth of Hispanic Missouri residents younger than 65 years of age are not covered by health insurance.

MISSOURI STATE SUMMARY



2000 population estimates for Missouri*

Geographic Area	White		African American		American Indian		Asian/ Pacific Islander		Hispanic		Total**	
St. Louis City	149,329	3.2%	177,446	28.4%	862	3.7%	6,903	10.8%	7,022	5.9%	348,189	6.2%
St. Louis County	772,041	16.5%	192,544	30.8%	1,557	6.7%	22,715	35.5%	14,577	12.3%	1,016,315	18.2%
Kansas City	254,397	5.4%	136,912	21.9%	1,784	7.7%	8,528	13.3%	30,602	25.8%	441,441	7.9%
Outstate	3,510,707	74.9%	118,765	19.0%	19,099	82.0%	25,834	40.4%	66,391	56.0%	3,789,266	67.7%
Missouri	4,686,474	100.0%	625,667	100.0%	23,302	100.0%	63,980	100.0%	118,592	100.0%	5,595,211	100.0%

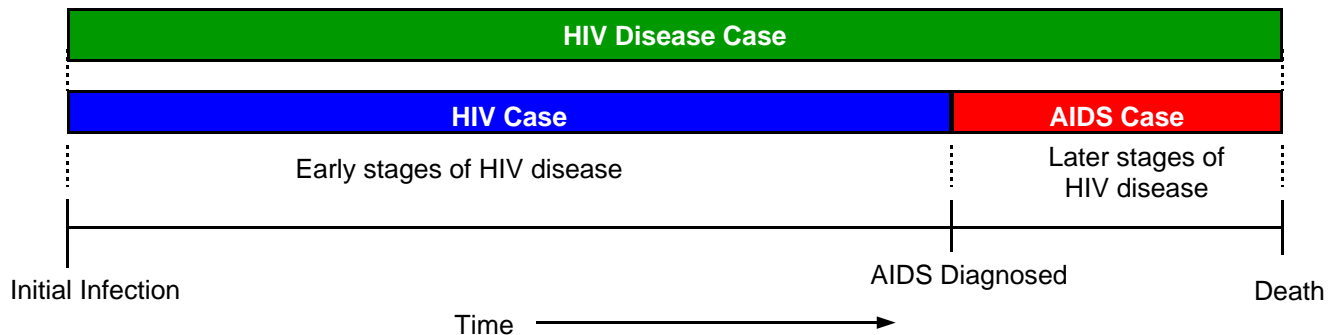
HIV Region	White		African American		American Indian		Asian/ Pacific Islander		Hispanic		Total	
St. Louis Region Total	1,530,788	32.7%	380,929	60.9%	4,010	17.2%	33,186	51.9%	29,213	24.6%	2,003,762	35.8%
Kansas City Region Total	903,843	19.3%	163,302	26.1%	5,100	21.9%	14,634	22.9%	48,360	40.8%	1,155,161	20.6%
Northwest Region Total	227,522	4.9%	6,112	1.0%	830	3.6%	848	1.3%	3,378	2.8%	240,869	4.3%
North Central Region Total	648,524	13.8%	34,925	5.6%	2,388	10.2%	6,383	10.0%	10,656	9.0%	711,541	12.7%
Southwest Region Total	937,120	20.0%	14,204	2.3%	9,023	38.7%	7,349	11.5%	22,281	18.8%	1,006,115	18.0%
Southeast Region Total	438,677	9.4%	26,195	4.2%	1,951	8.4%	1,580	2.5%	4,704	4.0%	477,763	8.5%
Missouri	4,686,474	100.0%	625,667	100.0%	23,302	100.0%	63,980	100.0%	118,592	100.0%	5,595,211	100.0%

*Based on 2000 US Census Bureau data.

**Totals include person of Other/Unknown races/ethnicities not listed.

INTRODUCTORY COMMENTS

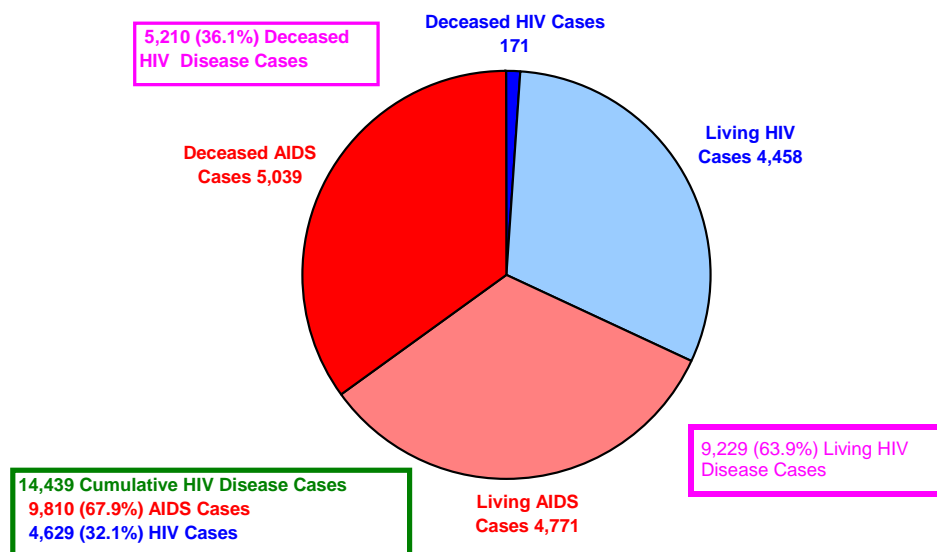
Figure 1. Relationship of HIV Disease Cases, HIV Cases, and AIDS Cases



- As indicated in Figure 1, each HIV-infected person is an **HIV disease case** and, given the lifelong nature of HIV infection, remains an **HIV disease case** for the remainder of his/her life.
- Each **HIV disease case** can be sub-classified as either an **HIV case** or an **AIDS case** (he/she cannot be both an **HIV case** and an **AIDS case** at the same time). Once a person progresses to the later stages of the disease and is diagnosed as an **AIDS case** (by meeting the CDC surveillance case definition), he/she will remain an **AIDS case**. This is true even if he/she met the **AIDS case** definition because of a CD4+ lymphocyte count less than 200 cells/mm³, and later (perhaps as a result of effective antiretroviral therapy) has a CD4+ count greater than 200 cells/mm³.
- **HIV cases** generally represent persons who, in comparison to **AIDS cases**, were infected more recently. Thus the characteristics of reported **HIV cases** (e.g. race, sex, exposure category) would be expected to more closely represent the characteristics of persons who are currently at highest risk of being infected.
- **AIDS cases** represent persons in the later stages of **HIV disease** who are at risk for developing serious, potentially fatal, opportunistic infections. Consequently, **AIDS cases**, as compared to **HIV cases**, are individuals who are likely to have relatively greater need for medical and social services, as well as for service coordination assistance.
- Trends in newly diagnosed **AIDS cases** (AIDS incidence) reflect, in part, the effects of antiretroviral treatment; since effective treatment given to infected persons, while they are still **HIV cases**, will slow the disease process and, consequently, slow the progression to **AIDS**.
- To understand the epidemiology of **HIV disease** in Missouri (demographic information about who is being infected, where they live when infected, and the mode of transmission for the infection), it is necessary to examine not only **HIV disease cases**, but also the subcategories of **HIV cases** and **AIDS cases**.

MAGNITUDE AND IMPACT OF THE PROBLEM

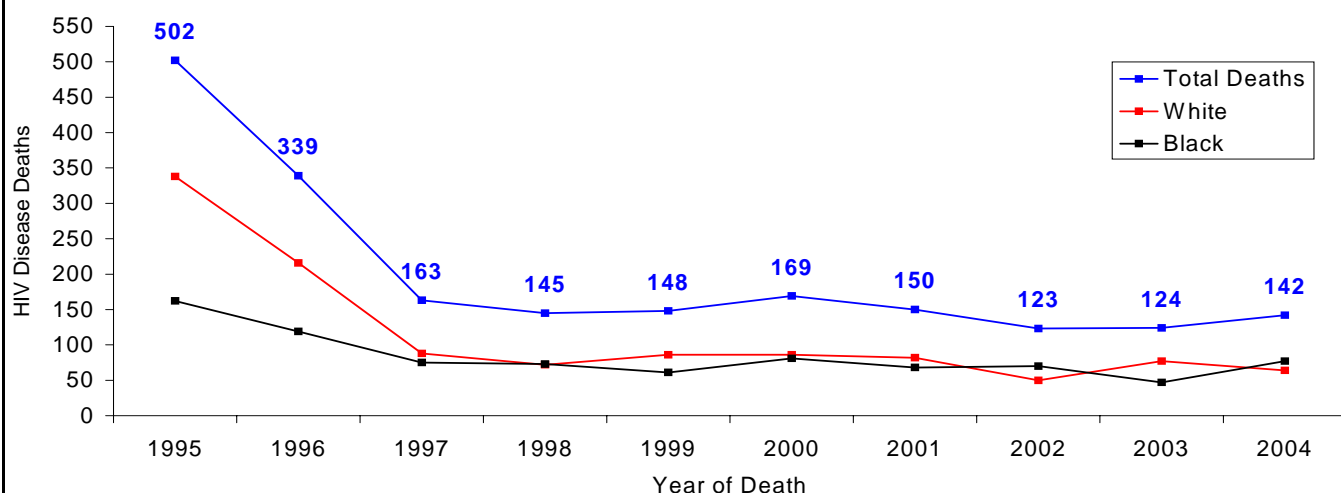
Figure 2. HIV disease cases (living and deceased), by current HIV vs. AIDS status, Missouri, 1982—2004



This figure represents the cumulative impact of the HIV/AIDS epidemic in Missouri including all of the cases of HIV disease that have ever been diagnosed and their status as of December 31, 2004, living and deceased. Deceased individuals may or may not have died from an AIDS-related illness.

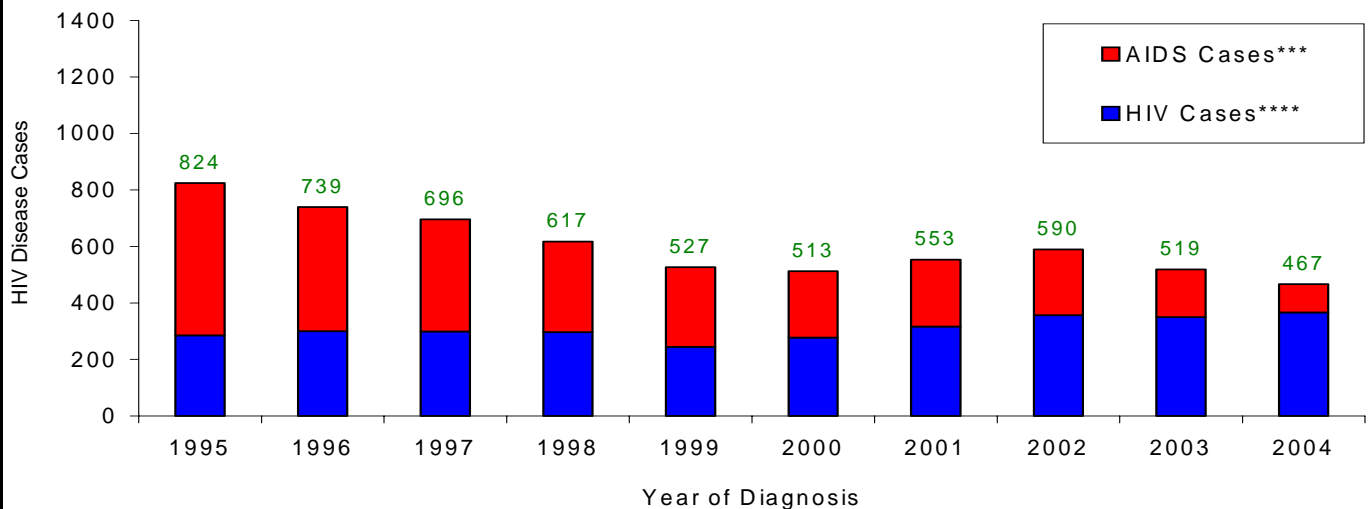
- The cumulative number of HIV disease cases for 2004 was 320 cases fewer than the cumulative number of cases for 2003. (Please see discussion of the IDEP program in the Guidelines Section for an explanation of the reason 2004 cumulative numbers were lower than 2003 totals.)

Figure 3. AIDS related deaths, by selected race, by year of death*, Missouri, 1995—2004



*Based on provisional death certificate data.

- The number of AIDS-related deaths increased by 14.5% from 2003 to 2004.
- There was a 16.9% decrease in AIDS-related deaths among Whites, while the deaths among Blacks increased by 63.8% from 2003 to 2004.

Figure 4. HIV disease cases, by current status* and year of diagnosis, Missouri, 1995—2004**

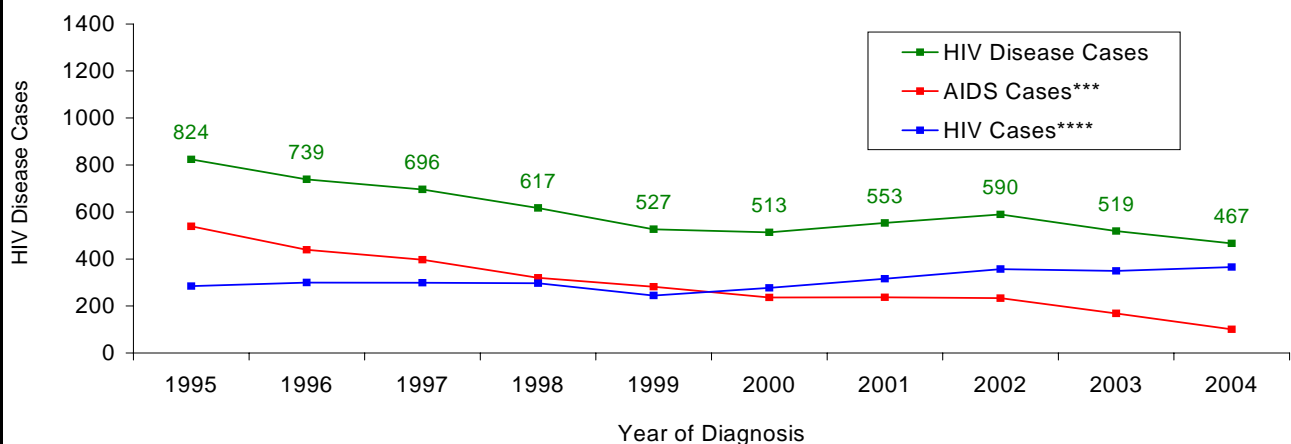
*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- As of December 31, 2004, there were 14,439 cumulative HIV disease cases in Missouri; 4,629 of these were HIV cases, and 9,810 were AIDS cases.
- In 2003, there was a 3.1:1 ratio of cases initially diagnosed as HIV to those initially diagnosed as AIDS. This ratio widened to 3.6:1 in 2004.
- Of the 467 new cases diagnosed in 2004, 366 were HIV cases, and 101 were AIDS cases. This is a 14% increase in HIV cases and a 2.9% decrease in AIDS cases compared to 2003.
- For additional information, refer to the interpretation guidelines.

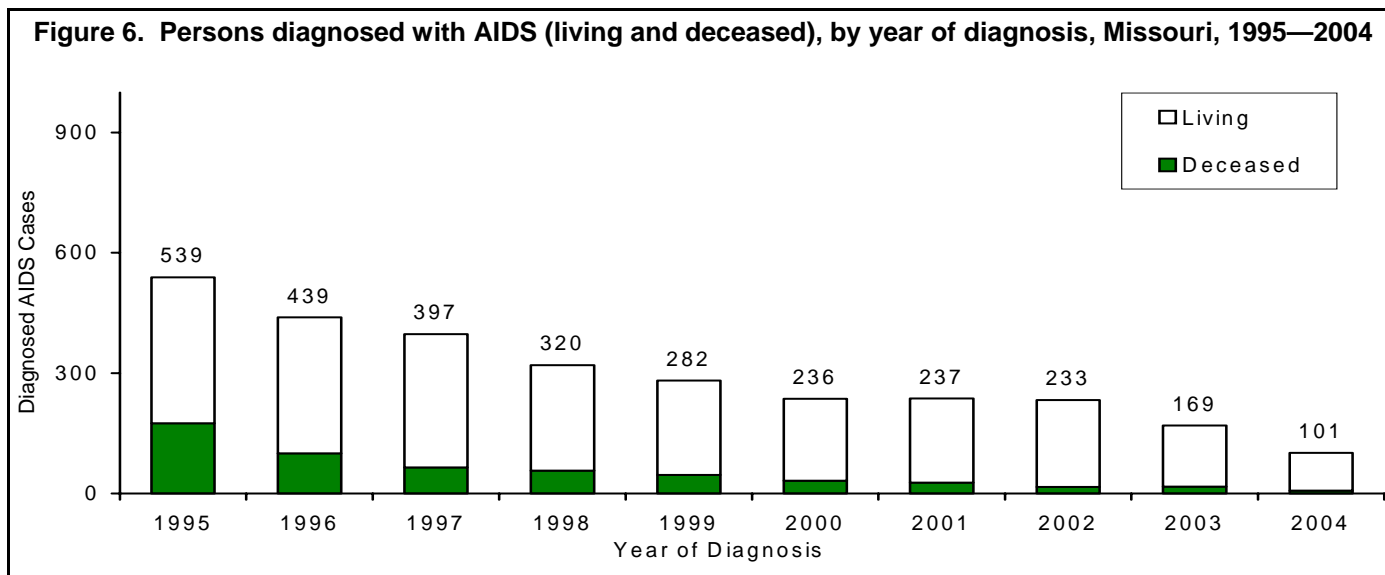
Figure 5. Reported HIV disease cases, by current status* and year of diagnosis, Missouri, 1995—2004**

*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)



- Out of a cumulative total of 9,810 AIDS cases diagnosed in Missouri, 4,771 (48.6%) were living at the end of 2004.
- Seven of the 101 newly diagnosed AIDS cases in 2004 died during the year of initial diagnosis.

Table 1. HIV disease prevalence*, by sex, by race/ethnicity, by race/ethnicity and sex, Missouri, 2004

Sex	Total	%
Male	7,746	83.9%
Female	1,483	16.1%
Total	9,229	100.0%
Race/Ethnicity	Total	%
White	4,997	54.1%
Black	3,906	42.3%
Hispanic	217	2.4%
Asian	33	0.4%
American Indian	25	0.3%
Unknown Race	51	0.6%
Total	9,229	100.0%
Race/Ethnicity and Sex	Total	%
White Male	4,468	48.4%
Black Male	3,001	32.5%
Hispanic Male	185	2.0%
Asian Male	26	0.3%
American Indian Male	24	0.3%
Unknown Race Male	42	0.5%
White Female	529	5.7%
Black Female	905	9.8%
Hispanic Female	32	0.3%
Asian Female	7	0.1%
American Indian Female	1	0.0%
Unknown Race Female	9	0.1%
Total	9,229	100.0%

*Includes persons diagnosed in Missouri correctional facilities.
Note: Percentages may not total due to rounding.

- Compared to 2003, there was a 0.5% decrease in the number of males and a 0.5% increase in the number of females with HIV disease in Missouri.
- Although, due to IDEP (see Guidelines Section), there was a statewide decrease in the number of living HIV disease cases, the count of females increased 1% from 2003 to 2004.
- Racial/Ethnic percentage distributions remained similar in 2004 to percentages observed in 2003. The percentage of cases reported in Whites decreased 1%, and the percentage of cases reported in Blacks increased 0.8% from 2003 to 2004.

WHO

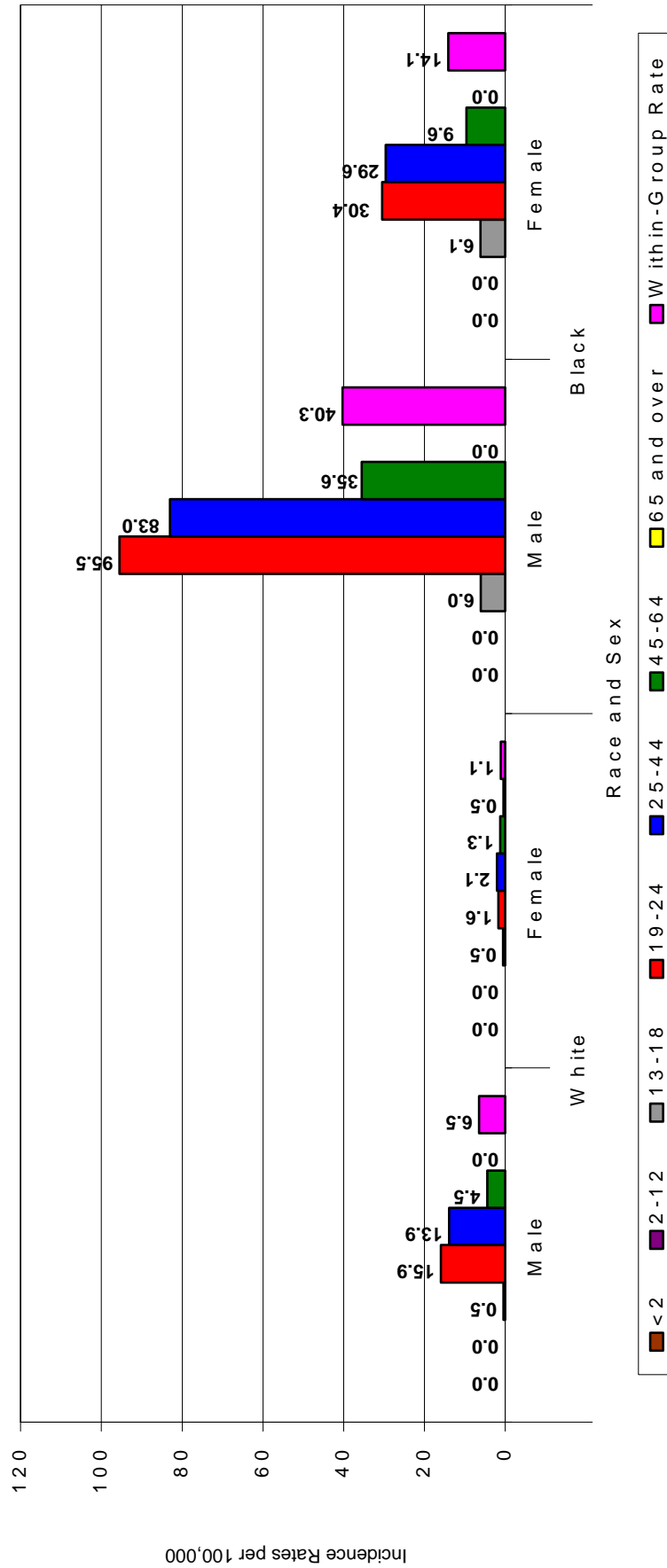
Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, Missouri, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	286	78.1%	10.5	81	80.2%	3.0	367	78.6%	13.5
Female	80	21.9%	2.8	20	19.8%	0.7	100	21.4%	3.5
Total	366	100.0%	6.5	101	100.0%	1.8	467	100.0%	8.3
White	175	47.8%	3.7	56	55.4%	1.2	231	49.5%	4.9
Black	165	45.1%	26.4	44	43.6%	7.0	209	44.8%	33.4
Hispanic	8	2.2%	6.7	0	0.0%	0.0	8	1.7%	6.7
Asian	3	0.8%	4.7	0	0.0%	0.0	3	0.6%	4.7
American Indian	0	0.0%	0.0	1	1.0%	4.3	1	0.2%	4.3
Unknown	15	4.1%	N/A	0	0.0%	N/A	15	3.2%	N/A
Total	366	100.0%	6.5	101	100.0%	1.8	467	100.0%	8.3
White Male	148	51.7%	6.5	50	61.7%	2.2	198	54.0%	8.7
Black Male	118	41.3%	40.3	30	37.0%	10.2	148	40.3%	50.5
Hispanic Male	5	1.7%	8.0	0	0.0%	0.0	5	1.4%	8.0
Asian Male	3	1.0%	10.3	0	0.0%	0.0	3	0.8%	10.3
American Indian Male	0	0.0%	0.0	1	1.2%	8.5	1	0.3%	8.5
Unknown	12	4.2%	N/A	0	0.0%	N/A	12	3.3%	N/A
Total	286	100.0%	10.5	81	100.0%	3.0	367	100.0%	13.5
White Female	27	33.8%	1.1	6	30.0%	0.2	33	33.0%	1.4
Black Female	47	58.8%	14.1	14	70.0%	4.2	61	61.0%	18.3
Hispanic Female	3	3.8%	5.3	0	0.0%	0.0	3	3.0%	5.3
Asian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	3	3.8%	N/A	0	0.0%	N/A	3	3.0%	N/A
Total	80	100.0%	2.8	20	100.0%	0.7	100	100.0%	3.5

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.
 **AIDS cases initially diagnosed in 2004.
 ***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.
 ****Per 100,000 population based on 2000 US Census Bureau data.
 Note: Percentages may not total due to rounding. Includes persons diagnosed in Missouri correctional facilities.

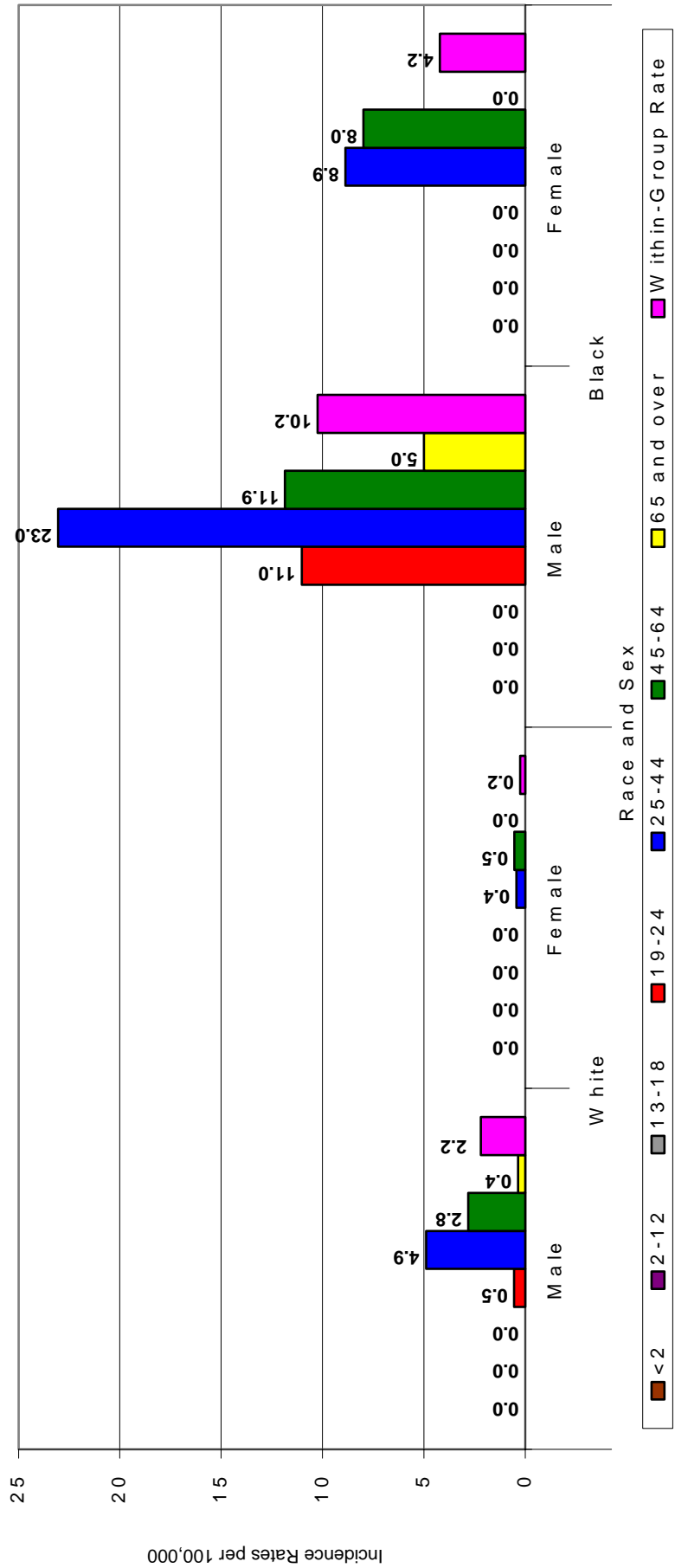
- The approximate 3.7:1 male-to-female ratio of HIV disease cases was similar to the male to female ratio of 2003.
- From 2003 to 2004 regarding HIV cases, there was a 30.6% increase in Whites, a 7.9% decrease in Blacks, and four times as many Hispanics reported. Additionally, in 2004, there were three Asians and no American Indians reported; whereas, in 2003, there was one Asian and one American Indian diagnosed with HIV.
- From 2003 to 2004 regarding AIDS cases, there was a 7.7% increase in Whites and a 10.2% decrease in Blacks reported. Additionally in 2004, there were no Hispanics, no Asians, and one American Indian diagnosed with AIDS. In 2003, there was one Hispanic, one Asian, and no American Indians initially diagnosed with AIDS.

Figure 7. HIV incidence rates, by selected race and sex, by age, Missouri, 2004

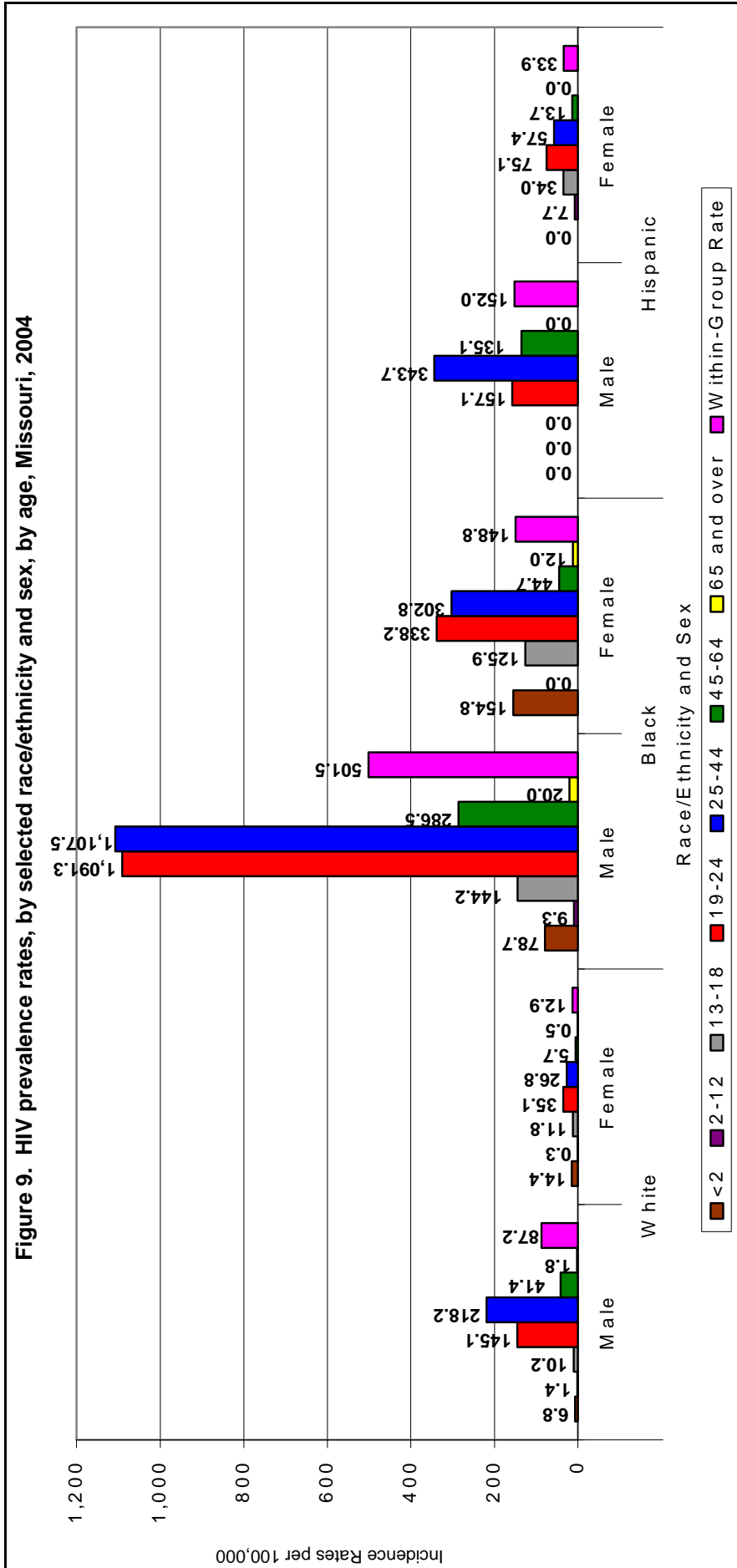


- For White males, Black males, and Black females, the highest HIV incidence rates were reported in the 19-24 age group.
- In the displayed race and sex combinations, approximately one-third of the cases from the 19-24 year old age group occurred in persons 24 years of age.
- In the selected demographic groups, persons within the 19-24 and 25-44 age groups accounted for 277 (81.5%) of the 340 new HIV cases reported.

Figure 8. AIDS incidence rates, by selected race and sex, by age, Missouri, 2004

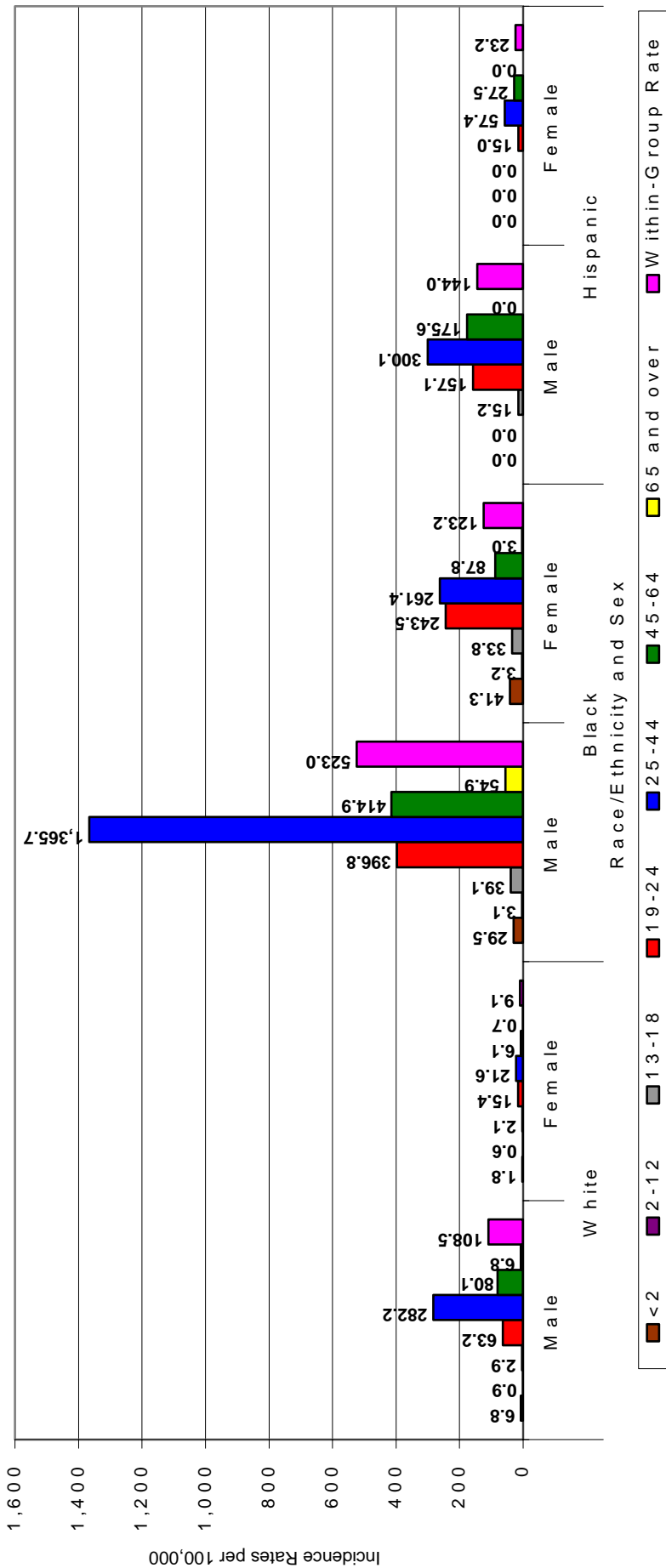


- Case rates of newly diagnosed AIDS cases in 2004 were highest in Blacks. It should be noted, however, that the rates by age group might be unstable due to small case counts.
- Though Black males represent approximately 10.8% of the males in the general population of Missouri, they represented 37% of the newly diagnosed AIDS cases in males.



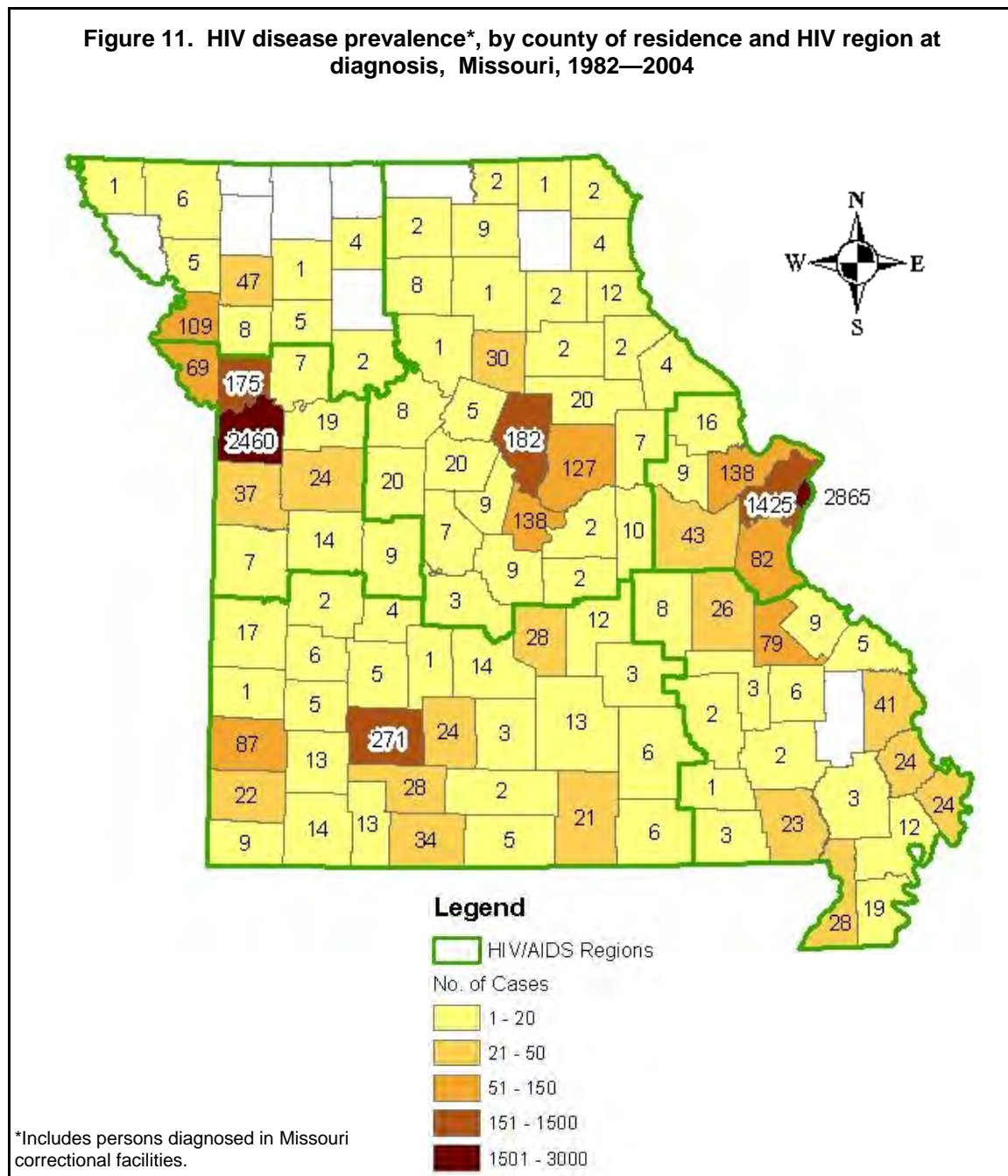
- Within each of the selected demographics, persons in the 19-24 and 25-44 year old age groups had the highest HIV prevalence rates.
- The ratio of within group rates of White males to White females was approximately 6.8:1. The similar ratio for Black males to Black females was approximately 3.4:1, an indication that Black females were more disproportionately represented in HIV diagnoses.
- A majority of the cases represented in the 13-18 year old age group were diagnosed in persons 18 years old. The case rate for this single year of age would more closely resemble the rate of the 19-24 year old group in each of the displayed demographics.
- Within each racial/ethnic classification, the highest prevalence rate was observed in males in the 25-44 year old age group. It should be noted that females in the 19-24 age group had HIV prevalence rates higher than females in the 25-44 age group.

Figure 10. AIDS prevalence rates, by selected race/ethnicity and sex, by age, Missouri, 2004



- Within each of the selected demographics, persons in the 25-44 year old age group had the highest AIDS prevalence rates.
- Among the listed demographic groups, of the 4,740 prevalent AIDS cases, 3,570 (75.3%) occurred in persons aged 25-44.

WHERE



- Generally, the counties with the highest concentrations of cases by residence at time of diagnosis and still living at the end of 2004 either resided in the largest Missouri metropolitan areas (St. Louis, Kansas City, and Springfield), or were near large Missouri metropolitan areas (St. Louis County and Clay County).
- In addition, counties containing state correctional facilities had higher counts.

Table 3. HIV and AIDS cases and rates, by geographic area, Missouri, 2004 and cumulative*

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2004**			Cumulative			Diagnosed 2004			Cumulative		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Location												
St. Louis City†	96	26.2%	27.6	1,421	30.7%	408.1	26	25.7%	7.5	2,827	28.8%	811.9
St. Louis County†	69	18.9%	6.8	675	14.6%	66.4	12	11.9%	1.2	1,498	15.3%	147.4
Kansas City†	85	23.2%	19.3	1,112	24.0%	251.9	24	23.8%	5.4	2,672	27.2%	605.3
Outstate†	80	21.9%	2.1	1,078	23.3%	28.4	33	32.7%	0.9	2,527	25.8%	66.7
Missouri Correctional Facilities††	36	9.8%	N/A	343	7.4%	N/A	6	5.9%	N/A	286	2.9%	N/A
Total	366	100.0%	6.5	4,629	100.0%	82.7	101	100.0%	1.8	9,810	100.0%	175.3
HIV Region												
St. Louis HIV Region†	173	47.3%	8.6	2,237	48.3%	111.6	44	43.6%	2.2	4,676	47.7%	233.4
Kansas City HIV Region†	113	30.9%	9.8	1,356	29.3%	117.4	30	29.7%	2.6	3,261	33.2%	282.3
Northwest HIV Region†	1	0.3%	0.4	38	0.8%	15.8	2	2.0%	0.8	151	1.5%	62.7
North Central HIV Region†	16	4.4%	2.2	188	4.1%	26.4	5	5.0%	0.7	426	4.3%	59.9
Southwest HIV Region†	21	5.7%	2.1	337	7.3%	33.5	12	11.9%	1.2	737	7.5%	73.3
Southeast HIV Region†	6	1.6%	1.3	130	2.8%	27.2	2	2.0%	0.4	273	2.8%	57.1
Missouri Correctional Facilities††	36	9.8%	N/A	343	7.4%	N/A	6	5.9%	N/A	286	2.9%	N/A
MISSOURI	366	100.0%	6.5	4,629	100.0%	82.7	101	100.0%	1.8	9,810	100.0%	175.3

*Includes all cases, living and deceased.

**HIV cases diagnosed and reported to the Department during 2004 which remained HIV cases at the end of the year.

***Per 100,000 population based on 2000 US Census Bureau data.

†Does not include persons diagnosed in Missouri correctional facilities.

††Includes persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

- From 2003 to 2004, there was a shift in the geographic area in which HIV cases were diagnosed. St. Louis City reported 14.8% fewer cases, and St. Louis County reported 8% more cases.
- The percentage of AIDS cases each jurisdiction reported remained fairly stable from 2003 to 2004, except for a 7.3% decrease in the number of cases reported in residents of the Outstate area. Slight percentage increases were found in St. Louis City, St. Louis County, Kansas City, and Missouri correctional facilities.
- In most of the HIV regions, the percentage of HIV cases diagnosed within them changed from 2003 to 2004. The largest changes were found in the St. Louis HIV Region, a 6.5% decrease between these years, and the Kansas City HIV Region, a 7% increase.
- All shifts in the distribution of AIDS cases diagnosed within Missouri with respect to HIV region from 2003 to 2004 were within a 3% increase or decrease for each region, except a 5.2% increase in the St. Louis HIV Region and a 5.4% decrease in the North Central HIV Region.

Table 4. Diagnosed HIV cases and rates, by selected race/ethnicity, by geographic area, Missouri, 2004

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases**	%	Rate*
St. Louis City [†]	36	37.5%	24.1	55	57.3%	31.0	2	2.1%	28.5	96	100.0%	27.6
St. Louis County [†]	29	42.0%	3.8	34	49.3%	17.7	4	5.8%	27.4	69	100.0%	6.8
Kansas City [†]	40	47.1%	15.7	35	41.2%	25.6	1	1.2%	3.3	85	100.0%	19.3
Outstate Missouri [†]	60	75.0%	1.7	15	18.8%	12.6	1	1.3%	1.5	80	100.0%	2.1
Missouri Correctional Facilities ^{††}	10	27.8%	N/A	26	72.2%	N/A	0	0.0%	N/A	36	100.0%	N/A
MISSOURI TOTAL	175	47.8%	3.7	165	45.1%	26.4	8	2.2%	6.7	366**	100.0%	6.5

*Per 100,000 population based on 2000 US Census Bureau data.

**Includes Other/Unknown racial/ethnic cases not listed.

†Does not include persons diagnosed in Missouri correctional facilities.

††Includes persons diagnosed in Missouri correctional facilities.

Note: Row percentages are shown. Percentages may not total due to rounding.

- Although the 2004 HIV incidence rate in Blacks was 7.1 times greater than in Whites, compared to 2003 there was a 7.9% decrease in diagnosed cases in Blacks and a 30.6% increase in the number of Whites diagnosed with HIV.
- Additionally, from 2003 to 2004, there was a six case increase in the number of Hispanics diagnosed with HIV in Missouri.
- In 2004, the number of newly diagnosed HIV cases in Whites reported from each jurisdiction increased, except in St. Louis City.
- The number of HIV cases diagnosed in Blacks decreased in Kansas City, St. Louis City, and in Outstate Missouri. Of those decreases, the most notable occurred in St. Louis City, where a 31 case decrease was observed.

Table 5. Diagnosed HIV cases and rates, by selected race/ethnicity, by HIV Region, Missouri, 2004

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases**	%	Rate*
St. Louis HIV Region [†]	71	41.0%	4.6	90	52.0%	23.6	6	3.5%	20.5	173	100.0%	8.6
Kansas City HIV Region [†]	59	52.2%	6.5	41	36.3%	25.1	2	1.8%	4.1	113	100.0%	9.8
Northwest HIV Region [†]	1	100.0%	0.4	0	0.0%	0.0	0	0.0%	0.0	1	100.0%	0.4
North Central HIV Region [†]	14	87.5%	2.2	2	12.5%	5.7	0	0.0%	0.0	16	100.0%	2.2
Southwest HIV Region [†]	16	76.2%	1.7	4	19.0%	28.2	0	0.0%	0.0	21	100.0%	2.1
Southeast HIV Region [†]	4	66.7%	0.9	2	33.3%	7.6	0	0.0%	0.0	6	100.0%	1.3
Missouri Correctional Facilities ^{††}	10	27.8%	N/A	26	72.2%	N/A	0	0.0%	N/A	36	100.0%	N/A
MISSOURI TOTAL	175	47.8%	3.7	165	45.1%	26.4	8	2.2%	6.7	366	100.0%	6.5

*Per 100,000 population based on 2000 US Census Bureau data.

**Includes Other/Unknown racial/ethnic cases not listed.

†Does not include persons diagnosed in Missouri correctional facilities.

††Includes persons diagnosed in Missouri correctional facilities.

Note: Row percentages are shown. Percentages may not total due to rounding.

- The number of HIV cases reported in persons residing in correctional facilities at the time of diagnosis increased by 38.4% (36 in 2004, 26 in 2003).
- The number of persons diagnosed with HIV in the St. Louis HIV Region in 2004 equaled that of 2003 (173 persons). The distribution of persons diagnosed, based on reported race, differed greatly from the observations in 2003. The number of cases reported in Whites increased from 59 to 71 (a 20.3% increase), and the number of cases reported in Blacks decreased from 107 to 90 (a 15.9% decrease).
- The number of HIV cases reported in residents of the Kansas City HIV Region increased by 46.8% (from 77 in 2003 to 113 in 2004). The number of cases in persons who reported an other or unknown race increased from one in 2003 to 11 in 2004, and a 15 case increase was observed in persons whose race was reported as White (34 in 2003 to 59 in 2004).

EXPOSURE CATEGORIES

Men Who Have Sex with Men (MSM)

Table 6. Incidence and prevalence of HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Missouri, 2004

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	90	59.2%	1,482	60.2%	32	61.5%	1,899	63.7%
Black	55	36.2%	883	35.9%	20	38.5%	1,008	33.8%
Hispanic	4	2.6%	69	2.8%	0	0.0%	57	1.9%
Other/Unknown	3	2.0%	28	1.1%	0	0.0%	15	0.5%
MISSOURI TOTAL***	152	100.0%	2,462	100.0%	52	100.0%	2,979	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Totals include persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

- One-half of the new Hispanic HIV disease cases diagnosed in Missouri reported an MSM exposure category.
- The number of MSM newly diagnosed with HIV in 2004 was a 15.3% increase from the number of cases diagnosed in 2003.

Table 7. HIV prevalence in men who have sex with men, by selected race/ethnicity, by age, Missouri, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	12	0.8%	32	3.6%	0	0.0%	45	1.8%
19-24	202	13.6%	220	24.9%	11	15.9%	440	17.9%
25-44	1,106	74.6%	557	63.1%	51	73.9%	1,730	70.3%
45-64	160	10.8%	73	8.3%	7	10.1%	244	9.9%
65+	2	0.1%	1	0.1%	0	0.0%	3	0.1%
MISSOURI TOTAL	1,482	100.0%	883	100.0%	69	100.0%	2,462	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with trends from previous years, the largest number of living MSM HIV cases were reported in persons within the 25-44 age group.
- Half of the living MSM HIV cases in the 19-24 age group reported their race as Black.

Table 8. HIV prevalence in men who have sex with men, by selected race/ethnicity, by geographic area, Missouri, 2004

Geographic Area	<u>White</u>		<u>Black</u>		<u>Hispanic</u>		<u>Total*</u>	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	438	53.2%	366	44.4%	13	1.6%	824	33.5%
St. Louis County	226	56.6%	156	39.1%	12	3.0%	399	16.2%
Kansas City	366	57.7%	227	35.8%	32	5.0%	634	25.8%
Outstate	422	89.2%	35	7.4%	9	1.9%	473	19.2%
Missouri Correctional Facilities	30	22.7%	99	75.0%	3	2.3%	132	5.4%
MISSOURI TOTAL	1,482	60.2%	883	35.9%	69	2.8%	2,462	100.0%
<u>HIV Region</u>								
St. Louis Region	723	56.2%	524	40.7%	26	2.0%	1,286	52.2%
Kansas City Region	469	62.7%	233	31.1%	35	4.7%	748	30.4%
Northwest Region	17	94.4%	1	5.6%	0	0.0%	18	0.7%
North Central Region	66	76.7%	17	19.8%	2	2.3%	86	3.5%
Southwest Region	132	93.0%	5	3.5%	2	1.4%	142	5.8%
Southeast Region	45	90.0%	4	8.0%	1	2.0%	50	2.0%
Missouri Correctional Facilities	30	22.7%	99	75.0%	3	2.3%	132	5.4%
MISSOURI TOTAL	1,482	60.2%	883	35.9%	69	2.8%	2,462	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race/ethnicity in each area/region.

***Percentage of cases per area/region.

Note: Percentages may not total due to rounding.

- Almost one-third (29.6%) of White MSM HIV cases still living at the end of 2004 were diagnosed in St. Louis City; additionally, 28.5% were reported from Outstate Missouri, 24.7% were reported from Kansas City, and 15.2% were reported from St. Louis County.
- The highest percentage of Black MSM still living at the end of 2004 were diagnosed in St. Louis City (41.4%). There were 25.7% Black MSM living in Kansas City, 17.7% in St. Louis County, and 4% in the Outstate area when diagnosed.
- Almost one-half (48.8%) of White MSM HIV cases living at the end of 2004 were diagnosed in the St. Louis HIV Region, and another 31.6% were diagnosed in residents of the Kansas City HIV Region.
- Almost three-fifths (59.3%) of Black MSM HIV cases living at the end of 2004 were diagnosed in residents of the St. Louis HIV Region, and another 26.4% were residents of the Kansas City HIV Region when diagnosed.

Men Who Have Sex with Men and Inject Drugs (MSM/IDU)

Table 9. HIV and AIDS incidence and prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, Missouri, 2004

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	3	50.0%	128	61.2%	2	50.0%	230	60.7%
Black	2	33.3%	72	34.4%	2	50.0%	140	36.9%
Hispanic	0	0.0%	5	2.4%	0	0.0%	7	1.8%
Other/Unknown	1	16.7%	4	1.9%	0	0.0%	2	0.5%
MISSOURI TOTAL ***	6	100.0%	209	100.0%	4	100.0%	379	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Totals include persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

- There was a six case increase in the number of HIV disease cases from 2003 to 2004 within this exposure category, and these cases were evenly distributed between HIV cases and AIDS cases.

Table 10. HIV prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, by age group, Missouri, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	4	3.1%	1	1.4%	0	0.0%	5	2.4%
19-24	18	14.1%	11	15.3%	1	20.0%	30	14.4%
25-44	98	76.6%	56	77.8%	3	60.0%	160	76.6%
45-64	8	6.3%	4	5.6%	1	20.0%	13	6.2%
65+	0	0.0%	0	0.0%	0	0.0%	1	0.5%
MISSOURI TOTAL	128	100.0%	72	100.0%	5	100.0%	209	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- The 25-44 age group had the greatest number of people living with HIV who reported MSM/IDU as their exposure category.

Table 11. HIV prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, by geographic area, Missouri, 2004

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	12	28.6%	28	66.7%	1	2.4%	42	20.1%
St. Louis County	6	60.0%	4	40.0%	0	0.0%	10	4.8%
Kansas City	40	67.8%	15	25.4%	4	6.8%	59	28.2%
Outstate	52	89.7%	3	5.2%	0	0.0%	58	27.8%
Missouri Correctional Facilities	18	45.0%	22	55.0%	0	0.0%	40	19.1%
MISSOURI TOTAL	128	61.2%	72	34.4%	5	2.4%	209	100.0%
HIV Region								
St. Louis Region	21	36.8%	33	57.9%	1	1.8%	57	27.3%
Kansas City Region	54	74.0%	15	20.5%	4	5.5%	73	34.9%
Northwest Region	3	75.0%	0	0.0%	0	0.0%	4	1.9%
North Central Region	6	85.7%	1	14.3%	0	0.0%	7	3.3%
Southwest Region	18	90.0%	1	5.0%	0	0.0%	20	9.6%
Southeast Region	8	100.0%	0	0.0%	0	0.0%	8	3.8%
Missouri Correctional Facilities	18	45.0%	22	55.0%	0	0.0%	40	19.1%
MISSOURI TOTAL	128	61.2%	72	34.4%	5	2.4%	209	100.0%
*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities. **Percentage of race/ethnicity in each area/region. ***Percentage of cases per area/region. Note: Percentages may not total due to rounding.								

- The highest proportion of White MSM/IDU HIV cases (40.6%) were living in Outstate Missouri when diagnosed; another 31.3% were living in Kansas City.
- In 2004, 38.9% of living Black MSM/IDU HIV cases diagnosed were residents of St. Louis City, 20.8% were residents of Kansas City, and 4.2% were residents of the Outstate area.
- 42.2% of living White MSM/IDU HIV cases diagnosed were residents of the Kansas City HIV Region, and 16.4% were residents of the St. Louis HIV Region.
- 45.8% of the living Black MSM/IDU HIV cases were diagnosed in residents of the St. Louis HIV Region.

Injecting Drug Users (IDU)

Table 12. Incidence and prevalence of HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, Missouri, 2004

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	8	47.1%	102	32.5%	6	66.7%	111	29.7%
Black Male	3	17.6%	105	33.4%	2	22.2%	131	35.0%
Hispanic Male	0	0.0%	8	2.5%	0	0.0%	11	2.9%
White Female	2	11.8%	48	15.3%	1	11.1%	48	12.8%
Black Female	4	23.5%	46	14.6%	0	0.0%	69	18.4%
Hispanic Female	0	0.0%	1	0.3%	0	0.0%	4	1.1%
MISSOURI TOTAL ***	17	100.0%	314	100.0%	9	100.0%	374	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Totals include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

- In 2003, there were six new HIV cases reported in Blacks and four cases reported in Whites. In 2004, there were seven cases in Blacks and ten cases reported in Whites.

Table 13. HIV prevalence in injecting drug users, by selected race/ethnicity, by age, Missouri, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	4	2.7%	3	2.0%	0	0.0%	7	2.2%
19-24	17	11.3%	12	7.9%	0	0.0%	31	9.9%
25-44	116	77.3%	111	73.5%	8	88.9%	237	75.5%
45-64	13	8.7%	24	15.9%	1	11.1%	38	12.1%
65+	0	0.0%	1	0.7%	0	0.0%	1	0.3%
MISSOURI TOTAL	150	100.0%	151	100.0%	9	100.0%	314	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- More living IDU HIV cases were reported in persons within the 25-44 age group than in any other age group.
- The total number of living IDU HIV cases in persons within the 19-24 age group was slightly fewer than those within the 45-64 age group.

Table 14. HIV prevalence in injecting drug users, by selected race/ethnicity, by geographic area, Missouri, 2004

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	13	18.3%	58	81.7%	0	0.0%	71	22.6%
St. Louis County	7	29.2%	16	66.7%	0	0.0%	24	7.6%
Kansas City	22	35.5%	35	56.5%	5	8.1%	62	19.7%
Outstate	78	87.6%	7	7.9%	3	3.4%	89	28.3%
Missouri Correctional Facilities	30	44.1%	35	51.5%	1	1.5%	68	21.7%
MISSOURI TOTAL	150	47.8%	151	48.1%	9	2.9%	314	100.0%
HIV Region								
St. Louis Region	31	29.0%	75	70.1%	0	0.0%	107	34.1%
Kansas City Region	35	44.9%	37	47.4%	6	7.7%	78	24.8%
Northwest Region	1	100.0%	0	0.0%	0	0.0%	1	0.3%
North Central Region	16	100.0%	0	0.0%	0	0.0%	16	5.1%
Southwest Region	31	86.1%	2	5.6%	2	5.6%	36	11.5%
Southeast Region	6	75.0%	2	25.0%	0	0.0%	8	2.5%
Missouri Correctional Facilities	30	44.1%	35	51.5%	1	1.5%	68	21.7%
MISSOURI TOTAL	150	47.8%	151	48.1%	9	2.9%	314	100.0%
*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.								
**Percentage of race/ethnicity in each area/region.								
***Percentage of cases per area/region.								
Note: Percentages may not total due to rounding.								

- More than one-half of the living White IDU HIV cases (52%) were living in Outstate Missouri when diagnosed with HIV. Another 20% were diagnosed within a Missouri correctional facility.
- The highest proportion of Black IDU HIV cases (38.4%) still living at the end of 2004 were diagnosed in residents of St. Louis City. An additional 23.2% were residents of Kansas City and 23.2% in a correctional facility when diagnosed.
- 55.6% of the Hispanic IDU HIV cases were living in Kansas City when diagnosed.

Heterosexual Contacts

Table 15. HIV and AIDS incidence and prevalence in heterosexual contacts, by selected race and sex, Missouri, 2004

Race and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	1	2.1%	64	8.2%	1	8.3%	59	9.0%
Black Male	6	12.8%	148	18.9%	0	0.0%	133	20.2%
White Female	16	34.0%	207	26.4%	3	25.0%	150	22.8%
Black Female	22	46.8%	346	44.2%	8	66.7%	296	45.0%
MISSOURI TOTAL***	47	100.0%	783	100.0%	12	100.0%	658	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Total includes Other/Unknown cases not listed. Totals include persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

- Consistent with previous years, heterosexual contact is the most common reported mode of transmission for females infected with HIV disease.
- Of the 59 newly diagnosed heterosexual HIV disease cases, 51 (86.4%) were in females (includes 2 females of a race/ethnicity not depicted in the table).

Table 16. HIV prevalence in heterosexual contacts, by selected race and sex, by age group, Missouri, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	1	1.6%	6	4.1%	18	8.7%	33	9.5%	58	7.4%
19-24	8	12.5%	26	17.6%	52	25.1%	81	23.4%	173	22.1%
25-44	41	64.1%	103	69.6%	114	55.1%	214	61.8%	482	61.6%
45-64	12	18.8%	12	8.1%	21	10.1%	16	4.6%	63	8.0%
65+	2	3.1%	1	0.7%	2	1.0%	2	0.6%	7	0.9%
MISSOURI TOTAL	64	100.0%	148	100.0%	207	100.0%	346	100.0%	783	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.

**Percentages of race and sex in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Though the majority of living heterosexual HIV cases were reported in persons within the 25-44 age group, the average number of cases per single year of age is greater in the 19-24 age group than in the 25-44 age group (28.8 and 24.1, respectively).

Table 17. HIV prevalence in heterosexual contacts, by selected race/ethnicity, by geographical area, Missouri, 2004

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	39	14.4%	226	83.7%	1	0.4%	270	34.5%
St. Louis County	41	27.9%	100	68.0%	3	2.0%	147	18.8%
Kansas City	29	29.6%	65	66.3%	3	3.1%	98	12.5%
Outstate	157	70.4%	63	28.3%	2	0.9%	223	28.5%
Missouri Correctional Facilities	5	11.1%	40	88.9%	0	0.0%	45	5.7%
MISSOURI TOTAL	271	34.6%	494	63.1%	9	1.1%	783	100.0%
<u>HIV Region</u>								
St. Louis Region	106	23.7%	330	73.8%	4	0.9%	447	57.1%
Kansas City Region	51	39.8%	72	56.3%	4	3.1%	128	16.3%
Northwest Region	6	66.7%	3	33.3%	0	0.0%	9	1.1%
North Central Region	27	61.4%	16	36.4%	0	0.0%	44	5.6%
Southwest Region	53	73.6%	18	25.0%	1	1.4%	72	9.2%
Southeast Region	23	60.5%	15	39.5%	0	0.0%	38	4.9%
Missouri Correctional Facilities	5	11.1%	40	88.9%	0	0.0%	45	5.7%
MISSOURI TOTAL	271	34.6%	494	63.1%	9	1.1%	783	100.0%
*Row totals and percentages include Other/Unknown cases not listed in columns. Totals include persons diagnosed in Missouri correctional facilities.								
**Percentage of race in each area/region.								
***Percentage of cases per area/region.								
Note: Percentages may not total due to rounding.								

- The highest proportion (57.9%) of living White heterosexual cases were diagnosed in residents of Outstate Missouri with an additional 15.1% in St. Louis County.
- In 2004, 45.7% of living Black heterosexual cases were diagnosed in St. Louis City, 20.2% in St. Louis County, and 13.2% in Kansas City.
- One-third of the living Hispanic HIV cases were diagnosed in Kansas City and one-third in St. Louis County.

Table 18. Deaths* among HIV cases, by mode of transmission, by selected race and sex, Missouri, 1982—2004

Mode of Transmission	White Males		Black Males		White Females		Black Females		Total	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
MSM	52	64.2%	38	59.4%	0	0.0%	0	0.0%	90	52.6%
MSM/IDU	13	16.0%	2	3.1%	0	0.0%	0	0.0%	15	8.8%
IDU	5	6.2%	4	6.3%	1	11.1%	8	53.3%	18	10.5%
Heterosexual Contact	1	1.2%	10	15.6%	4	44.4%	5	33.3%	21	12.3%
No Indicated Risk (NIR)	8	9.9%	10	15.6%	3	33.3%	2	13.3%	24	14.0%
MISSOURI TOTAL**	81	100.0%	64	100.0%	9	100.0%	15	100.0%	171	100.0%

*May or may not be due to HIV-related illnesses.

**Total (numbers and percentages) include 3 cases (1.8%) with a mode of transmission not indicated on the table, such as hemophilia/coagulation disorder, blood transfusion or tissue recipient, etc. Totals include persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

- Of all persons classified as an HIV case at the time of their death, 30.4% were White MSM, 22.2% were Black MSM, and 7.6% were White MSM/IDU.
- Consistent with observations from previous years, more deaths in HIV cases were reported in persons within the MSM exposure category.

Table 19. Deaths* among AIDS cases, by mode of transmission, by selected race and sex, Missouri, 1982—2004

Mode of Transmission	White Males		Black Males		White Females		Black Females		Total**	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
MSM	2,622	79.9%	899	73.3%	0	0.0%	0	0.0%	3,606	71.6%
MSM/IDU	305	9.3%	132	10.8%	0	0.0%	0	0.0%	448	8.9%
IDU	113	3.4%	109	8.9%	51	26.3%	61	28.2%	344	6.8%
Heterosexual Contact	49	1.5%	39	3.2%	102	52.6%	127	58.8%	321	6.4%
No Indicated Risk (NIR)	48	1.5%	24	2.0%	5	2.6%	7	3.2%	89	1.8%
MISSOURI TOTAL***	3,281	100.0%	1,227	100.0%	194	100.0%	216	100.0%	5,039	100.0%

*May or may not be due to AIDS-related illnesses.

**Totals include Other/Unknown races/ethnicities not included in columns.

***Total (numbers and percentages) include 231 cases (4.6%) with a mode of transmission not indicated on the table, such as hemophilia/coagulation disorder, blood transfusion or tissue recipient, etc. Totals include persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

- Of all persons classified as an AIDS case at the time of their death, 52% were White MSM, 17.8% were Black MSM, and 6.1% were White MSM/IDU.
- Consistent with observations from previous years, more deaths in AIDS cases were reported in persons within the MSM exposure category.

Table 20. HIV and AIDS cases with exposure category assignments for NIRs, Missouri, 2004 and cumulative (1982-2004)

Exposure category	HIV cases				AIDS cases			
	2004*		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	247	67.5%	2,926	63.9%	64	63.4%	6,827	70.1%
Men who have sex with men and inject drugs	10	2.7%	256	5.6%	5	5.0%	858	8.8%
Injecting drug use	27	7.4%	390	8.5%	11	10.9%	754	7.7%
Heterosexual contact	82	22.4%	970	21.2%	20	19.8%	1,038	10.7%
Hemophilia/coagulation disorder	0	0.0%	27	0.6%	0	0.0%	156	1.6%
Blood transfusion or tissue recipient	0	0.0%	13	0.3%	1	1.0%	105	1.1%
No indicated risk (NIR)	-----	-----	-----	-----	-----	-----	-----	-----
ADULT/ADOLESCENT SUBTOTAL	366	100.0%	4,582	100.0%	101	100.0%	9,738	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	47	100.0%	0	0.0%	72	100.0%
TOTAL	366		4,629		101		9,810	

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

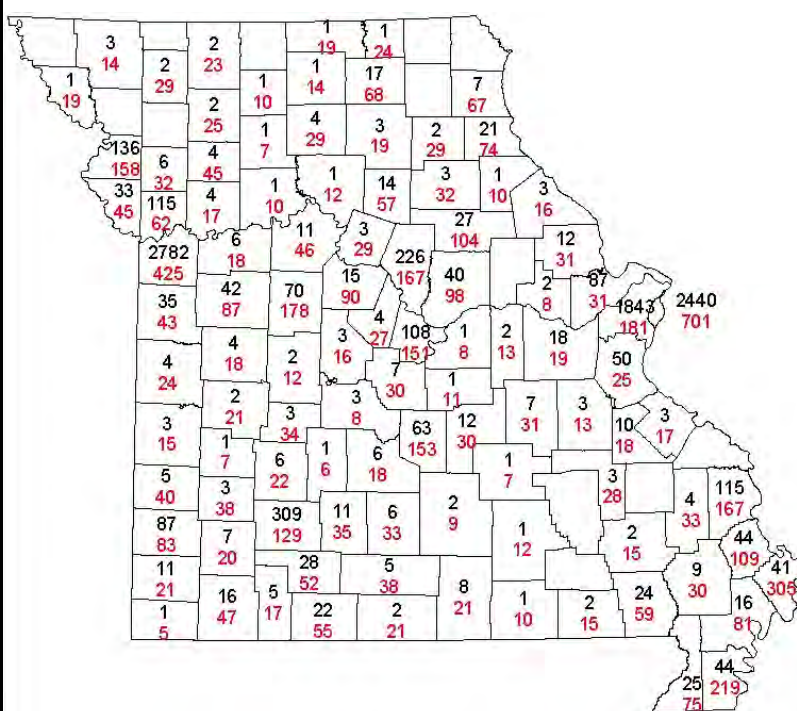
- In 2004, 144 (39.3%) of the HIV cases and 23 (22.8%) of the AIDS cases diagnosed in Missouri were classified as “No Indicated Risk.”
- Cumulatively, 635 (13.7%) of the HIV cases and 377 (3.8%) of the AIDS cases remained classified “No Indicated Risk” at the end of 2004.

GONORRHEA

Table 1. Reported gonorrhea cases and rates, by race, by geographic area, Missouri, 2004

	Cases	%	Rate*
Missouri			
Whites	1,468	15.9%	31.3
Blacks	5,998	65.1%	958.7
Other/Unknown	1,752	19.0%	--
Total Cases	9,218	100.0%	164.7
St. Louis City			
Whites	93	3.8%	62.3
Blacks	1,926	78.9%	1,085.4
Other/Unknown	421	17.3%	--
Total Cases	2,440	100.0%	700.8
St. Louis County			
Whites	89	4.8%	11.5
Blacks	1,214	65.9%	630.5
Other/Unknown	540	29.3%	--
Total Cases	1,843	100.0%	181.3
Kansas City			
Whites	250	9.7%	93.3
Blacks	2,019	78.7%	1,464.4
Other/Unknown	297	11.6%	--
Total Cases	2,566	100.0%	581.3
Outstate			
Whites	1,036	43.7%	29.6
Blacks	839	35.4%	706.4
Other/Unknown	494	20.9%	--
Total Cases	2,369	100.0%	62.5

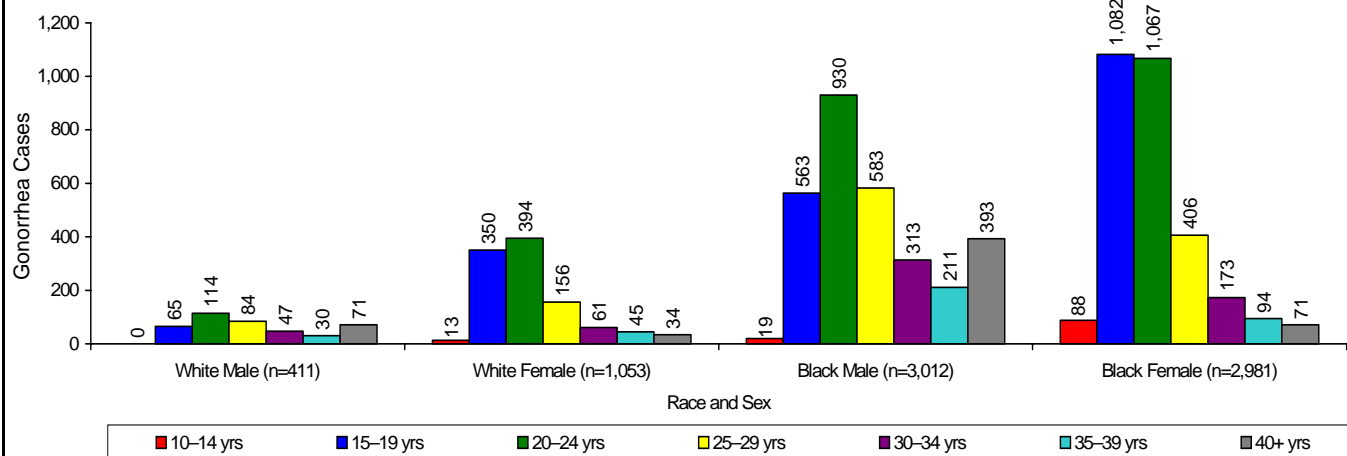
Figure 1. Reported gonorrhea cases* and rates, by county, Missouri, 2004**



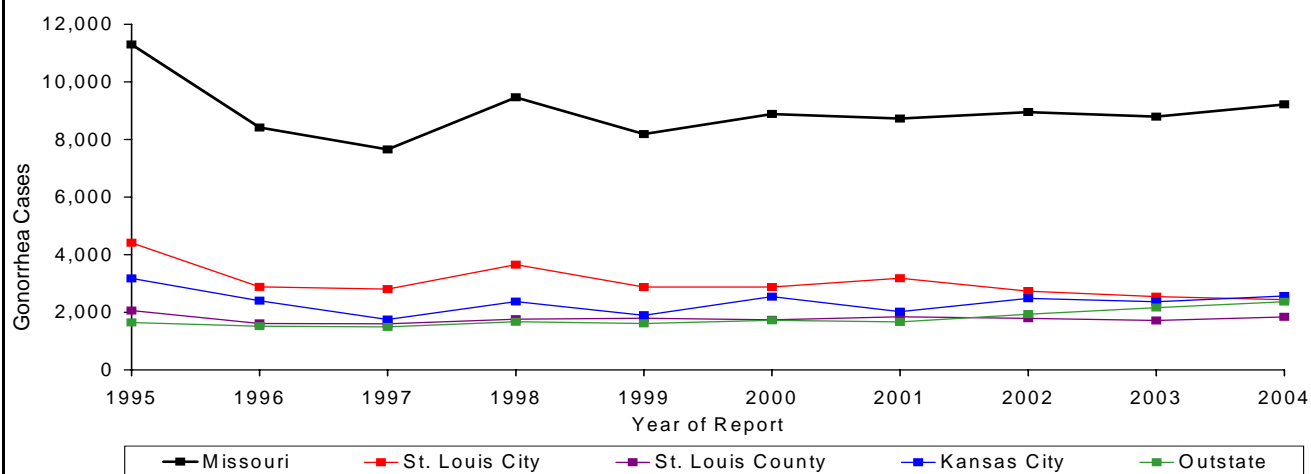
*Case numbers are in black.

*Case rates are in red, per 100,000 population based on 2000 US Census Bureau data

- In 2004, Missouri's overall case rate for reported cases in Blacks was 30.6 times higher than the case rate for Whites.
- From 2003 to 2004, the number of reported cases and the case rate for St. Louis City decreased by 4.1%. The case rate for St. Louis City was 4.3 times higher than the case rate for the entire state.
- From 2003 to 2004, the number of reported cases and the case rate for St. Louis County increased by 7.3%. The case rate for St. Louis County was 1.1 times higher than the case rate for the entire state.
- For Kansas City, from 2003 to 2004, the number of reported cases and the case rate increased by 8.4%.
- From 2003 to 2004, the number of reported cases and the case rate in Outstate Missouri increased by 9.5%. The case rate for the entire state was 2.6 times higher than that of the Outstate area.
- The number of gonorrhea cases reported in Missouri during 2004 increased by 426 (4.8%) over the number of cases reported in 2003 (8,792 cases).

Figure 2. Reported gonorrhea cases, by race and sex, by age group, Missouri, 2004

- Figure 2 shows the distribution of gonorrhea cases by age groups for White and Black males and females. Of the 9,218 cases reported in 2004, 7,457 (80.9%) are depicted in this graph with complete information for race, sex, and age.
- In the groups shown, the age group with the highest number of cases is the 20 to 24 year old age group, except for Black females. In Black females, the highest number of cases is in the 15 to 19 year old age group.
- Combined age groups of 15 to 19 and 20 to 24 year olds comprise 43.6% of White males, 70.7% of White females, 49.6% of Black males, and 72.1% of Black females.
- In the over 40 age group, White males accounted for 12.5% of total cases, Black males 69.1%, White females 6.0%, and Black females 12.5%.

Figure 3. Reported gonorrhea cases, by geographic area and year of report, Missouri, 1995—2004

- On the average, the number of gonorrhea cases reported in Missouri has been gradually increasing since 1997.
- Missouri's increase as a whole is due to the increases in Kansas City and the Outstate area.

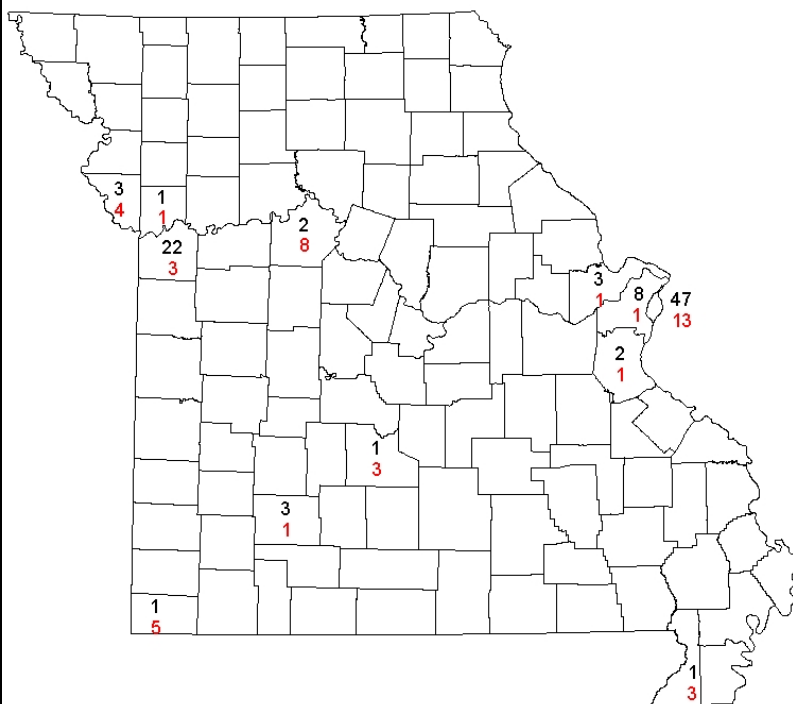
PRIMARY AND SECONDARY (P&S) SYPHILIS

Table 2. Reported P&S syphilis cases and rates, by race, by geographic area, Missouri, 2004

	Cases	%	Rate*
Missouri			
Whites	62	66.0%	1.3
Blacks	32	34.0%	5.1
Other/Unknown	0	0.0%	--
Total Cases	94	100.0%	1.7
St. Louis City			
Whites	25	53.2%	16.7
Blacks	22	46.8%	12.4
Other/Unknown	0	0.0%	--
Total Cases	47	100.0%	13.5
St. Louis County			
Whites	6	75.0%	0.8
Blacks	2	25.0%	1.0
Other/Unknown	0	0.0%	--
Total Cases	8	100.0%	0.8
Kansas City			
Whites	18	78.3%	6.7
Blacks	5	21.7%	3.6
Other/Unknown	0	0.0%	--
Total Cases	23	100.0%	5.2
Outstate			
Whites	13	81.3%	0.4
Blacks	3	18.8%	2.5
Other/Unknown	0	0.0%	--
Total Cases	16	100.0%	0.4

*Per 100,000 population based on 2000 US Census Bureau data.

Figure 4. Reported P&S syphilis cases* and rates,
by county, Missouri, 2004**

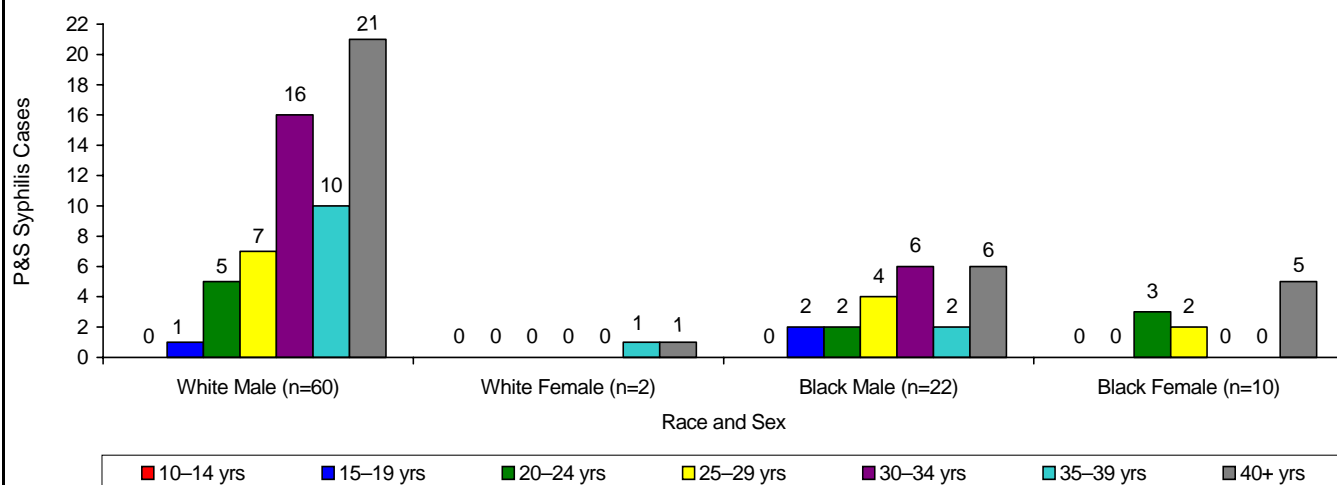


*Case numbers are in black.

**Case rates are in red, per 100,000 population based on 2000 US Census Bureau data.

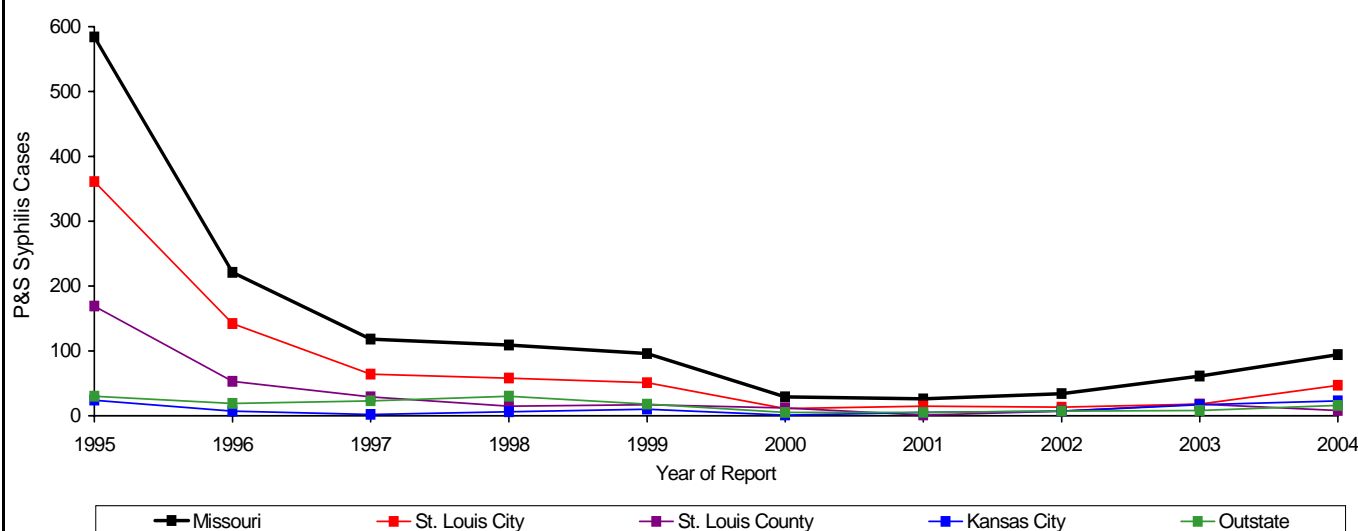
- The number of primary and secondary syphilis cases reported in Missouri during 2004 increased by 33 (54.1%) over the number of cases reported in 2003 (61 cases).
- From 2003 to 2004, the number of reported cases for St. Louis City increased by 29 (161.0%), and the case rate increased by 159.6%. The case rate in St. Louis City was 7.9 times higher than the case rate for the entire state.
- From 2003 to 2004, the number of reported cases and the case rate for St. Louis County decreased by 55.6%.
- From 2003 to 2004, the number of reported cases for Kansas City increased by 6 (35.3%), and the case rate increased by 33.3%.
- From 2003 to 2004, the number of reported cases in Outstate Missouri increased by 8 (100.0%). The case rate for the entire state was 4.3 times higher than for the Outstate area.

Figure 5. Reported P&S syphilis cases, by race and sex, by age group, Missouri, 2004



- In Figure 5, the majority of cases were reported among males (87.2%), with the highest number among White males (63.8%).
- Of reported cases in 2004, 35.1% were in individuals age 40 and over.

Figure 6. Reported P&S syphilis cases, by geographic area and year of report, Missouri, 2004



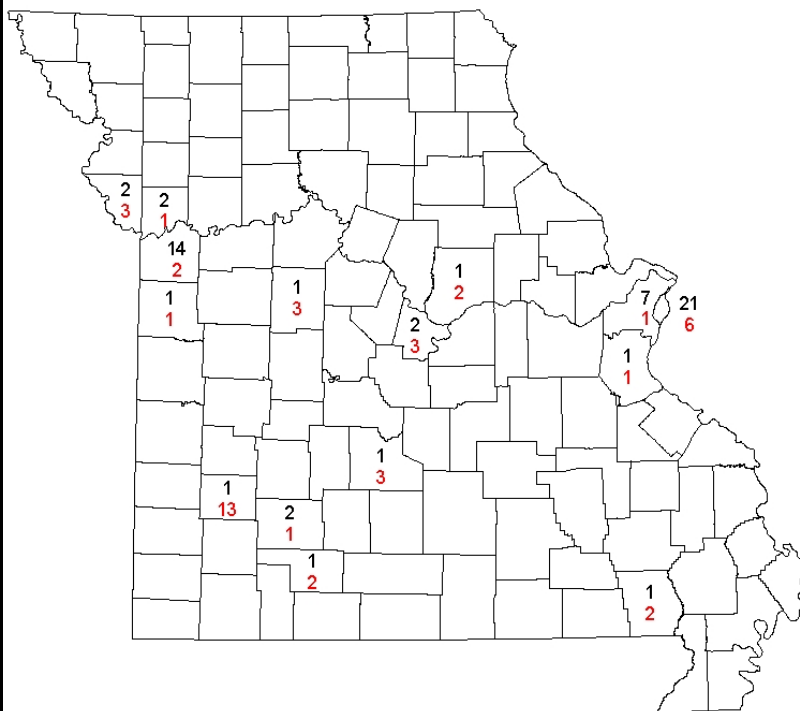
- From 1995 through 2001, the number of reported primary and secondary syphilis cases decreased. Since 2001, the number of cases has increased each year.
- The increase across the state is due to average increases in St. Louis City, Kansas City, and the Out-state area.

EARLY LATENT SYPHILIS

Table 3. Reported early latent syphilis cases and rates, by race, by geographic area, Missouri, 2004

	Cases	%	Rate*
Missouri			
Whites	31	53.4%	0.7
Blacks	24	41.4%	3.8
Other/Unknown	3	5.2%	--
Total Cases	58	100.0%	1.0
St. Louis City			
Whites	7	33.3%	4.7
Blacks	13	61.9%	7.3
Other/Unknown	1	4.8%	--
Total Cases	21	100.0%	6.0
St. Louis County			
Whites	4	57.1%	0.5
Blacks	3	42.9%	1.6
Other/Unknown	0	0.0%	--
Total Cases	7	100.0%	0.7
Kansas City			
Whites	9	52.9%	3.4
Blacks	6	35.3%	4.4
Other/Unknown	2	11.8%	--
Total Cases	17	100.0%	3.9
Outstate			
Whites	11	84.6%	0.3
Blacks	2	15.4%	1.7
Other/Unknown	0	0.0%	--
Total Cases	13	100.0%	0.3

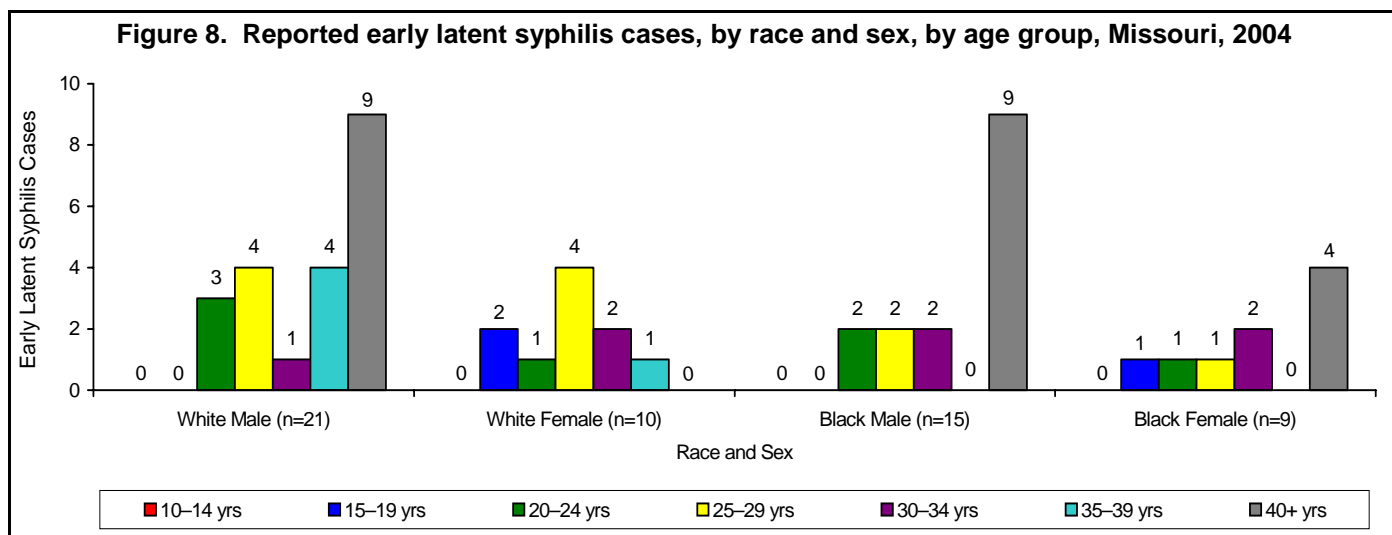
*Per 100,000 population based on 2000 US Census Bureau data.

Figure 7. Reported early latent syphilis cases* and rates, by county, Missouri, 2004**

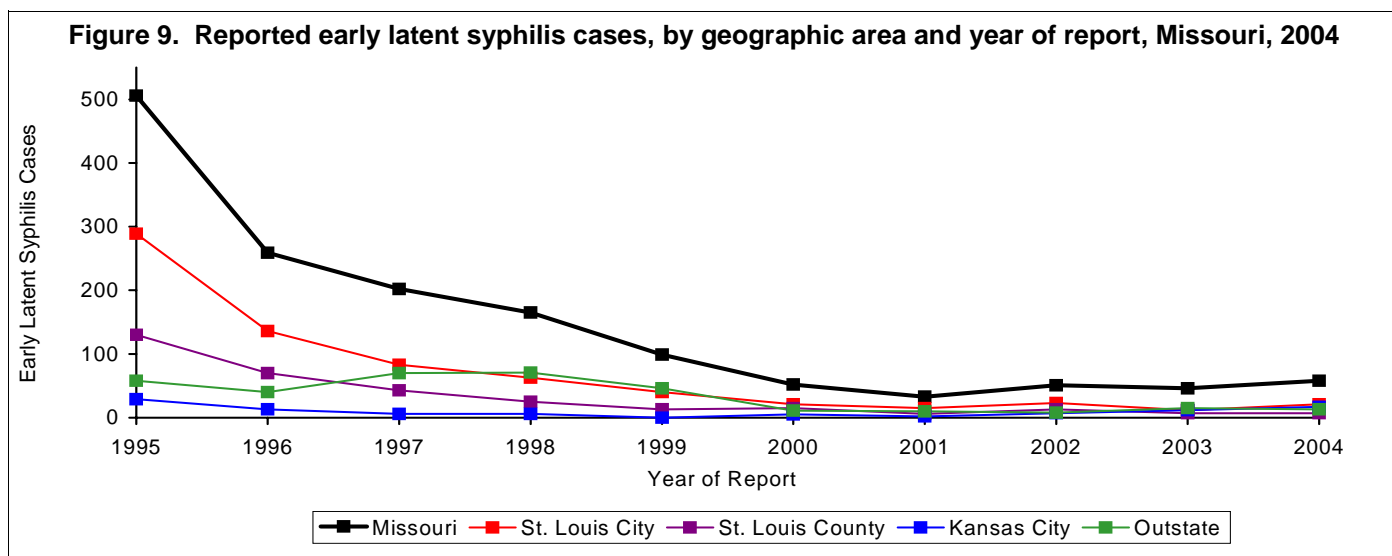
*Case numbers are in black.

**Case rates are in red, per 100,000 population based on 2000 US Census Bureau data.

- In 2004, Missouri's overall case rate of reported cases for Blacks was 5.4 times higher than the case rate for Whites.
- From 2003 to 2004, the number of reported cases for St. Louis City increased by 75.0%, and the case rate increased by 76.5%. The case rate for St. Louis City was 6 times higher than the case rate for the entire state.
- For St. Louis County, the number of cases from 2003 to 2004 remained the same.
- From 2003 to 2004, the number of reported cases for Kansas City increased by 41.7%, and the case rate increased by 44.4%.
- From 2003 to 2004, the number of reported cases in Outstate Missouri decreased by 13.3%.
- The number of early latent syphilis cases reported in Missouri during 2004 increased by 12 (26.1%) over the number of cases reported in 2003 (46 cases).



- Figure 8 shows the distribution of early latent syphilis cases by age groups for White and Black males and females. Of the 58 cases reported in 2004, 55 (94.8%) are depicted in this graph with complete information for race, sex, and age.
- Except for White females, the 40 and older age group had the highest number of early latent syphilis cases reported in 2004. In White females, the highest number of cases (40.0%) was in the 25 to 29 year old age group.
- In the over 40 age group, White and Black males accounted for 81.8% of total cases, and Black females 18.2%.



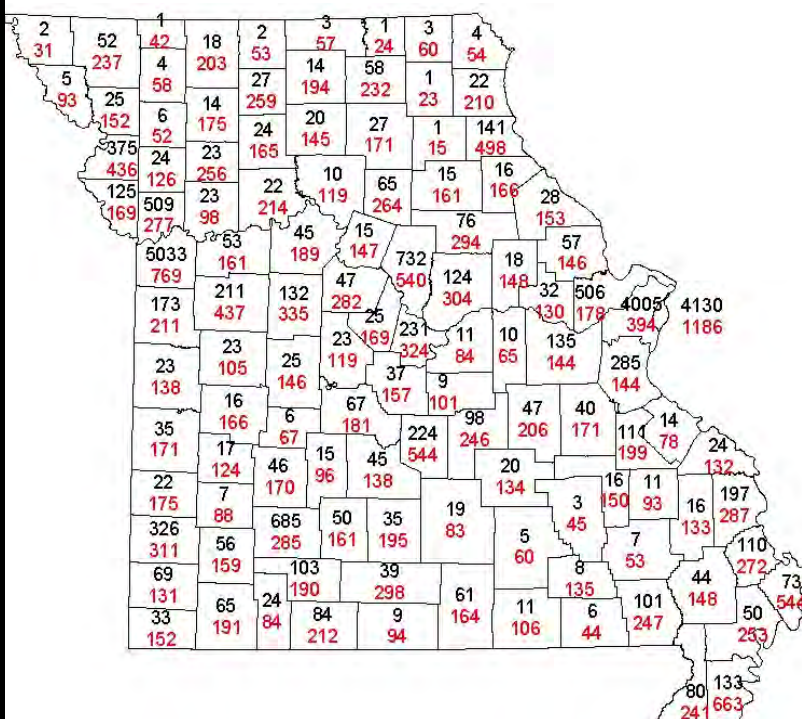
- From 1995 to 2001, the number of early latent syphilis cases reported in Missouri has decreased; however, since 2001, the number of cases has been gradually increasing.

CHLAMYDIA

Table 4. Reported chlamydia cases and rates, by race, by geographic area, Missouri, 2004

	Cases	%	Rate*
Missouri			
Whites	6,148	28.8%	131.2
Blacks	9,669	45.4%	1,545.4
Other/Unknown	5,502	25.8%	--
Total Cases	21,319	100.0%	381.0
St. Louis City			
Whites	177	4.3%	118.5
Blacks	2,953	71.5%	1,664.2
Other/Unknown	1,000	24.2%	--
Total Cases	4,130	100.0%	1,186.1
St. Louis County			
Whites	364	9.1%	47.1
Blacks	2,232	55.7%	1,159.2
Other/Unknown	1,409	35.2%	--
Total Cases	4,005	100.0%	394.1
Kansas City			
Whites	602	13.7%	224.7
Blacks	2,883	65.7%	2,091.1
Other/Unknown	900	20.5%	--
Total Cases	4,385	100.0%	993.3
Outstate			
Whites	5,005	56.9%	142.6
Blacks	1,601	18.2%	1,348.0
Other/Unknown	2,193	24.9%	--
Total Cases	8,799	100.0%	232.2

*Per 100,000 population based on 2000 US Census Bureau data.

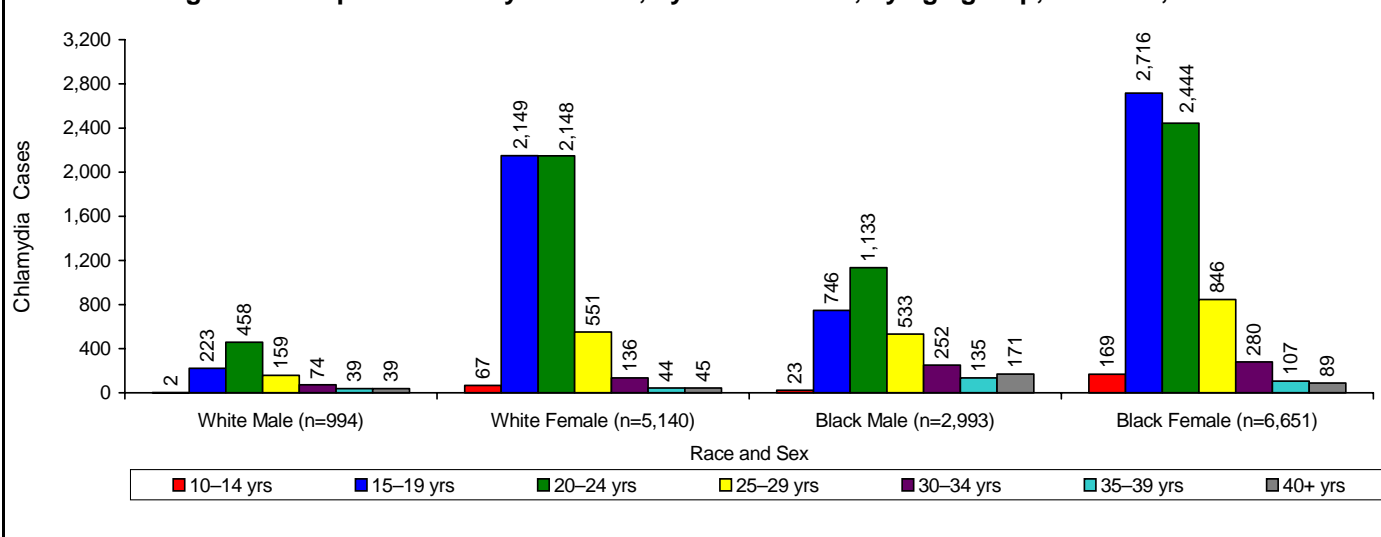
Figure 10. Reported chlamydia cases* and rates, by county, Missouri, 2004**

*Case numbers are in black.

**Case rates are in red, per 100,000 population based on 2000 US Census Bureau data.

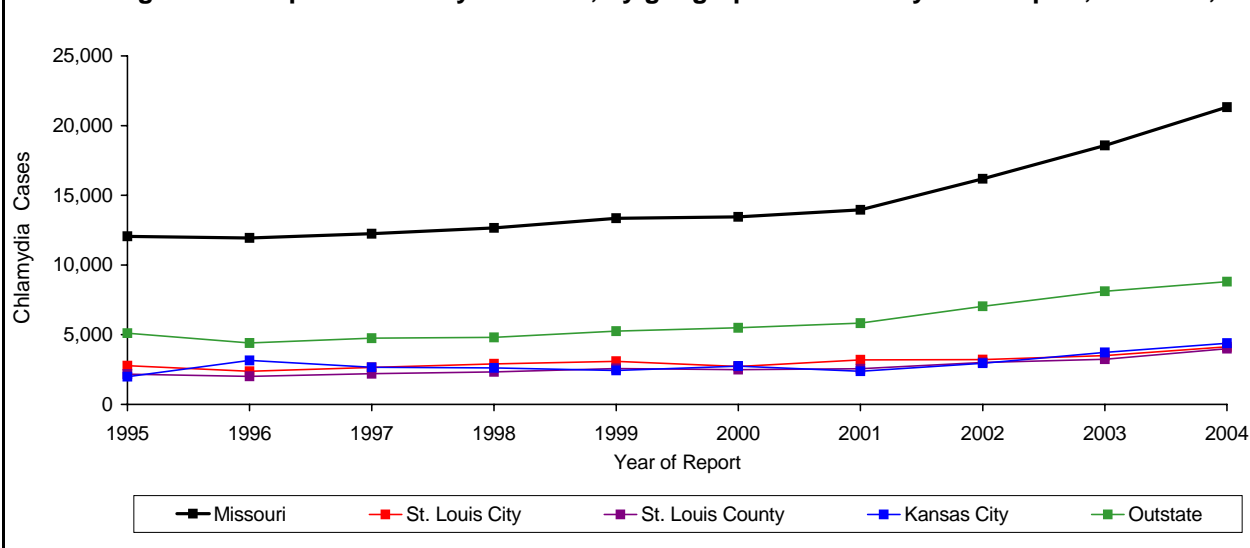
- In 2004, Missouri's overall case rate for reported cases in Blacks was 11.8 times higher than the case rate for Whites.
- From 2003 to 2004, the number of cases reported and the case rate for St. Louis City increased by 17.9%. The case rate for St. Louis City was 3.1 times higher than the case rate for the entire state.
- From 2003 to 2004, the number of cases reported and the case rate for St. Louis County increased by 23.8%.
- From 2003 to 2004, the number of cases reported and the case rate for Kansas City increased by 17.9%. The case rate for Kansas City was 2.6 times higher as compared to the case rate for the entire state.
- From 2003 to 2004, the number of reported cases and the case rate for Outstate Missouri increased by 8.5%. The case rate in the Outstate area was approximately 1.6 times lower as compared to the case rate for the entire state.
- The number of chlamydia cases reported in Missouri during 2004 increased by 2,749 (14.8%) versus the number of cases reported in 2003 (18,570 cases).

Figure 11. Reported chlamydia cases, by race and sex, by age group, Missouri, 2004



- Figure 11 shows the distribution of chlamydia cases by age groups for White and Black males and females. Of the 21,319 cases reported in 2004, 15,778 (74.0%) are depicted in this graph with complete information for race, sex, and age.
- The combined age groups of 15 to 19 and 20 to 24 year olds comprise 9,457 (80.2%) of all cases among females.
- In males, the highest number of cases reported were also in these age groups (15 to 19 and 20 to 24) with 2,560 (64.2%) of all the cases among males.

Figure 12. Reported chlamydia cases, by geographic area and year of report, Missouri, 2004



- On the average between 1995 and 2001, the number of chlamydia cases reported in Missouri gradually increased; however, since 2001, the increase has been more pronounced.
- Of the areas depicted above, the Outstate area has consistently reported the highest number of cases over the last ten years.
- All areas have realized increases in reported cases since 2002.

Summary of reported gonorrhea cases, by county, Missouri, Five year median (2000-2004), 2003, 2004

County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Adair	6	8	17	112.5%	68.1
Andrew	0	3	0	-100.0%	0.0
Atchison	0	2	0	-100.0%	0.0
Audrain	18	22	27	22.7%	104.4
Barry	3	6	16	166.7%	47.0
Barton	2	1	5	400.0%	39.9
Bates	3	3	4	33.3%	24.0
Benton	2	4	2	-50.0%	11.6
Bollinger	2	2	4	100.0%	33.3
Boone	226	264	226	-14.4%	166.8
Buchanan	57	90	136	51.1%	158.1
Butler	27	60	24	-60.0%	58.7
Caldwell	1	1	4	300.0%	44.6
Callaway	35	35	40	14.3%	98.1
Camden	3	10	3	-70.0%	8.1
Cape Girardeau	105	55	115	109.1%	167.4
Carroll	1	1	1	0.0%	9.7
Carter	0	0	0	0.0%	0.0
Cass	14	28	35	25.0%	42.6
Cedar	3	3	1	-66.7%	7.3
Chariton	1	1	1	0.0%	11.9
Christian	15	15	28	86.7%	51.6
Clark	0	4	0	-100.0%	0.0
Clay**	55	92	78	-15.2%	78.0
Clinton	4	6	6	0.0%	31.6
Cole	72	68	108	58.8%	151.3
Cooper	15	20	15	-25.0%	90.0
Crawford	4	1	7	600.0%	30.7
Dade	1	1	3	200.0%	37.9
Dallas	1	1	1	0.0%	6.4
Daviess	2	3	2	-33.3%	25.0
DeKalb	1	1	0	-100.0%	0.0
Dent	1	0	1	100.0%	6.7
Douglas	0	3	5	66.7%	38.2
Dunklin	26	26	25	-3.8%	75.4
Franklin	22	22	18	-18.2%	19.2
Gasconade	2	2	2	0.0%	13.0
Gentry	0	0	2	200.0%	29.2
Greene	260	325	309	-4.9%	128.5
Grundy	1	1	1	0.0%	9.6
Harrison	2	2	2	0.0%	22.6
Henry	1	3	4	33.3%	18.2
Hickory	1	0	3	300.0%	33.6
Holt	1	0	1	100.0%	18.7
Howard	3	9	3	-66.7%	29.4
Howell	4	14	8	-42.9%	21.5
Iron	0	0	3	300.0%	28.0
Jackson**	184	182	271	48.9%	81.6
Jasper	80	84	87	3.6%	83.1
Jefferson	45	39	50	28.2%	25.2
Johnson	25	21	42	100.0%	87.0
Kansas City	2,486	2,367	2,566	8.4%	581.3
Knox	0	0	0	0.0%	0.0
Laclede	6	6	6	0.0%	18.5
Lafayette	9	9	6	-33.3%	18.2
Lawrence	6	6	7	16.7%	19.9
Lewis	1	1	7	600.0%	66.7
Lincoln	11	11	12	9.1%	30.8
Linn	3	3	4	33.3%	29.1

County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Livingston	3	5	1	-80.0%	6.9
Macon	6	16	3	-81.3%	19.0
Madison	1	1	0	-100.0%	0.0
Maries	1	2	1	-50.0%	11.2
Marion	21	11	21	90.9%	74.2
McDonald	3	10	1	-90.0%	4.6
Mercer	0	1	0	-100.0%	0.0
Miller	5	7	7	0.0%	29.7
Mississippi	45	45	41	-8.9%	305.4
Moniteau	2	0	4	400.0%	27.0
Monroe	4	4	3	-25.0%	32.2
Montgomery	1	4	0	-100.0%	0.0
Morgan	2	1	3	200.0%	15.5
New Madrid	38	38	16	-57.9%	81.0
Newton	11	7	11	57.1%	20.9
Nodaway	3	5	3	-40.0%	13.7
Oregon	1	0	1	100.0%	9.7
Osage	1	0	1	100.0%	7.7
Ozark	0	0	2	200.0%	21.0
Pernisnot	44	48	44	-8.3%	219.5
Perry	2	8	0	-100.0%	0.0
Pettis	18	18	70	288.9%	177.7
Phelps	10	13	12	-7.7%	30.1
Pike	3	3	3	0.0%	16.3
Platte**	15	33	15	-54.5%	38.3
Polk	5	5	6	20.0%	22.2
Pulaski	41	23	63	173.9%	153.0
Putnam	0	0	1	100.0%	19.1
Ralls	3	0	1	100.0%	10.4
Randolph	17	17	14	-17.6%	56.8
Ray	4	3	4	33.3%	17.1
Reynolds	0	0	0	0.0%	0.0
Ripley	0	0	2	200.0%	14.8
Saline	11	4	11	175.0%	46.3
Schuyler	0	0	1	100.0%	24.0
Scotland	0	2	0	-100.0%	0.0
Scott	74	73	44	-39.7%	108.9
Shannon	0	0	1	100.0%	12.0
Shelby	1	1	2	100.0%	29.4
St. Charles	87	93	87	-6.5%	30.6
St. Clair	2	3	2	-33.3%	20.7
St. Francois	17	17	10	-41.2%	18.0
St. Louis City	2,737	2,545	2,440	-4.1%	700.8
St. Louis	1,793	1,717	1,843	7.3%	181.3
Ste. Genevieve	2	6	3	-50.0%	16.8
Stoddard	7	5	9	80.0%	30.3
Stone	2	6	5	-16.7%	17.4
Sullivan	1	0	1	100.0%	13.9
Taney	13	22	22	0.0%	55.4
Texas	1	1	2	100.0%	8.7
Vernon	3	1	3	200.0%	14.7
Warren	3	4	2	-50.0%	8.2
Washington	5	4	3	-25.0%	12.9
Wayne	2	4	2	-50.0%	15.1
Webster	3	7	11	57.1%	35.4
Worth	0	0	0	0.0%	0.0
Wright	4	2	6	200.0%	33.4
Missouri	8,883	8,792	9,218	4.8%	164.7

*Per 100,000 population based on US Census Bureau data.

**Outside the city limits of Kansas City.

Note: When the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

STD Epi Profiles Summary: Missouri

Summary of reported P&S syphilis cases by county, Missouri, Five year median (2000-2004), 2003, 2004

County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Adair	0	0	0	0.0%	0.0
Andrew	0	0	0	0.0%	0.0
Atchison	0	0	0	0.0%	0.0
Audrain	0	1	0	-100.0%	0.0
Barry	0	0	0	0.0%	0.0
Barton	0	0	0	0.0%	0.0
Bates	0	0	0	0.0%	0.0
Benton	0	0	0	0.0%	0.0
Bollinger	0	0	0	0.0%	0.0
Boone	1	1	0	-100.0%	0.0
Buchanan	0	0	0	0.0%	0.0
Butler	0	1	0	-100.0%	0.0
Caldwell	0	0	0	0.0%	0.0
Callaway	0	0	0	0.0%	0.0
Camden	0	0	0	0.0%	0.0
Cape Girardeau	0	0	0	0.0%	0.0
Carroll	0	0	0	0.0%	0.0
Carter	0	0	0	0.0%	0.0
Cass	0	0	0	0.0%	0.0
Cedar	0	0	0	0.0%	0.0
Chariton	0	0	0	0.0%	0.0
Christian	0	0	0	0.0%	0.0
Clark	0	0	0	0.0%	0.0
Clay**	1	1	1	0.0%	1.0
Clinton	0	0	0	0.0%	0.0
Cole	0	0	0	0.0%	0.0
Cooper	0	0	0	0.0%	0.0
Crawford	0	0	0	0.0%	0.0
Dade	0	0	0	0.0%	0.0
Dallas	0	0	0	0.0%	0.0
Daviess	0	0	0	0.0%	0.0
DeKalb	0	0	0	0.0%	0.0
Dent	0	0	0	0.0%	0.0
Douglas	0	0	0	0.0%	0.0
Dunklin	0	0	1	100.0%	3.0
Franklin	0	0	0	0.0%	0.0
Gasconade	0	0	0	0.0%	0.0
Gentry	0	0	0	0.0%	0.0
Greene	0	0	3	300.0%	1.2
Grundy	0	0	0	0.0%	0.0
Harrison	0	0	0	0.0%	0.0
Henry	0	0	0	0.0%	0.0
Hickory	0	0	0	0.0%	0.0
Holt	0	0	0	0.0%	0.0
Howard	0	0	0	0.0%	0.0
Howell	0	0	0	0.0%	0.0
Iron	0	0	0	0.0%	0.0
Jackson**	1	2	2	0.0%	0.6
Jasper	0	0	0	0.0%	0.0
Jefferson	0	0	2	200.0%	1.0
Johnson	0	0	0	0.0%	0.0
Kansas City	7	17	23	35.3%	5.2
Knox	0	1	0	-100.0%	0.0
Laclede	0	0	1	100.0%	3.1
Lafayette	0	0	0	0.0%	0.0
Lawrence	0	0	0	0.0%	0.0
Lewis	0	0	0	0.0%	0.0
Lincoln	0	0	0	0.0%	0.0
Linn	0	0	0	0.0%	0.0

County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Livingston	0	0	0	0.0%	0.0
Macon	0	0	0	0.0%	0.0
Madison	0	0	0	0.0%	0.0
Maries	0	0	0	0.0%	0.0
Marion	0	0	0	0.0%	0.0
McDonald	0	0	1	100.0%	4.6
Mercer	0	0	0	0.0%	0.0
Miller	0	0	0	0.0%	0.0
Mississippi	0	0	0	0.0%	0.0
Moniteau	0	0	0	0.0%	0.0
Monroe	0	0	0	0.0%	0.0
Montgomery	0	0	0	0.0%	0.0
Morgan	0	0	0	0.0%	0.0
New Madrid	0	0	0	0.0%	0.0
Newton	0	0	0	0.0%	0.0
Nodaway	0	0	0	0.0%	0.0
Oregon	0	0	0	0.0%	0.0
Osage	0	0	0	0.0%	0.0
Ozark	0	0	0	0.0%	0.0
Pemiscot	0	0	0	0.0%	0.0
Perry	0	0	0	0.0%	0.0
Pettis	0	0	0	0.0%	0.0
Phelps	0	0	0	0.0%	0.0
Pike	0	0	0	0.0%	0.0
Platte**	0	0	0	0.0%	0.0
Polk	0	0	0	0.0%	0.0
Pulaski	0	0	0	0.0%	0.0
Putnam	0	0	0	0.0%	0.0
Ralls	0	0	0	0.0%	0.0
Randolph	0	0	0	0.0%	0.0
Ray	0	0	0	0.0%	0.0
Reynolds	0	0	0	0.0%	0.0
Ripley	0	0	0	0.0%	0.0
Saline	0	0	2	200.0%	8.4
Schuyler	0	0	0	0.0%	0.0
Scotland	0	0	0	0.0%	0.0
Scott	0	0	0	0.0%	0.0
Shannon	0	0	0	0.0%	0.0
Shelby	0	0	0	0.0%	0.0
St. Charles	0	0	3	300.0%	1.1
St. Clair	0	0	0	0.0%	0.0
St. Francois	0	0	0	0.0%	0.0
St. Louis City	15	18	47	161.1%	13.5
St. Louis	8	18	8	-55.6%	0.8
Ste. Genevieve	0	0	0	0.0%	0.0
Stoddard	0	0	0	0.0%	0.0
Stone	0	0	0	0.0%	0.0
Sullivan	0	0	0	0.0%	0.0
Taney	0	0	0	0.0%	0.0
Texas	0	0	0	0.0%	0.0
Vernon	0	0	0	0.0%	0.0
Warren	0	0	0	0.0%	0.0
Washington	0	0	0	0.0%	0.0
Wayne	0	0	0	0.0%	0.0
Webster	0	0	0	0.0%	0.0
Worth	0	0	0	0.0%	0.0
Wright	0	0	0	0.0%	0.0
MISSOURI	34	60	94	56.7%	1.7

*Per 100,000 population based on US Census Bureau data.

**Outside the city limits of Kansas City.

Note: When the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Summary of reported early latent syphilis cases, by county, Missouri, Five year median (2000-2004), 2003, 2004

County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Adair	0	0	0	0.0%	0.0
Andrew	0	0	0	0.0%	0.0
Atchison	0	0	0	0.0%	0.0
Audrain	0	0	0	0.0%	0.0
Barry	0	0	0	0.0%	0.0
Barton	0	0	0	0.0%	0.0
Bates	0	0	0	0.0%	0.0
Benton	0	0	0	0.0%	0.0
Bollinger	0	0	0	0.0%	0.0
Boone	0	0	0	0.0%	0.0
Buchanan	0	0	0	0.0%	0.0
Butler	1	3	1	-66.7%	2.4
Caldwell	0	0	0	0.0%	0.0
Callaway	0	0	1	100.0%	2.5
Camden	0	0	0	0.0%	0.0
Cape Girardeau	0	0	0	0.0%	0.0
Carroll	0	0	0	0.0%	0.0
Carter	0	0	0	0.0%	0.0
Cass	1	1	1	0.0%	1.2
Cedar	0	0	0	0.0%	0.0
Chariton	0	0	0	0.0%	0.0
Christian	0	0	1	100.0%	1.8
Clark	0	0	0	0.0%	0.0
Clay**	0	0	0	0.0%	0.0
Clinton	0	0	0	0.0%	0.0
Cole	0	0	2	200.0%	2.8
Cooper	0	0	0	0.0%	0.0
Crawford	0	0	0	0.0%	0.0
Dade	0	0	1	100.0%	12.6
Dallas	0	0	0	0.0%	0.0
Daviess	0	0	0	0.0%	0.0
DeKalb	0	0	0	0.0%	0.0
Dent	0	0	0	0.0%	0.0
Douglas	0	0	0	0.0%	0.0
Dunklin	0	0	0	0.0%	0.0
Franklin	0	0	0	0.0%	0.0
Gasconade	0	0	0	0.0%	0.0
Gentry	0	0	0	0.0%	0.0
Greene	0	1	2	100.0%	0.8
Grundy	0	0	0	0.0%	0.0
Harrison	0	0	0	0.0%	0.0
Henry	0	0	0	0.0%	0.0
Hickory	0	0	0	0.0%	0.0
Holt	0	0	0	0.0%	0.0
Howard	0	0	0	0.0%	0.0
Howell	0	0	0	0.0%	0.0
Iron	0	0	0	0.0%	0.0
Jackson**	0	3	0	-100.0%	0.0
Jasper	0	0	0	0.0%	0.0
Jefferson	0	0	1	100.0%	0.5
Johnson	0	0	0	0.0%	0.0
Kansas City	7	12	17	41.7%	3.9
Knox	0	0	0	0.0%	0.0
Laclede	0	0	1	100.0%	3.1
Lafayette	0	0	0	0.0%	0.0
Lawrence	0	0	0	0.0%	0.0
Lewis	0	0	0	0.0%	0.0
Lincoln	0	0	0	0.0%	0.0
Linn	0	0	0	0.0%	0.0

County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Livingston	0	0	0	0.0%	0.0
Macon	0	0	0	0.0%	0.0
Madison	0	0	0	0.0%	0.0
Maries	0	0	0	0.0%	0.0
Marion	0	0	0	0.0%	0.0
McDonald	0	0	0	0.0%	0.0
Mercer	0	0	0	0.0%	0.0
Miller	0	1	0	-100.0%	0.0
Mississippi	0	0	0	0.0%	0.0
Moniteau	0	0	0	0.0%	0.0
Monroe	0	0	0	0.0%	0.0
Montgomery	0	0	0	0.0%	0.0
Morgan	0	0	0	0.0%	0.0
New Madrid	0	0	0	0.0%	0.0
Newton	0	0	0	0.0%	0.0
Nodaway	0	0	0	0.0%	0.0
Oregon	0	0	0	0.0%	0.0
Osage	0	0	0	0.0%	0.0
Ozark	0	0	0	0.0%	0.0
Pemiscot	0	0	0	0.0%	0.0
Perry	0	0	0	0.0%	0.0
Pettis	0	1	1	0.0%	2.5
Phelps	0	0	0	0.0%	0.0
Pike	0	0	0	0.0%	0.0
Platte**	0	0	1	100.0%	2.6
Polk	0	0	0	0.0%	0.0
Pulaski	0	0	0	0.0%	0.0
Putnam	0	0	0	0.0%	0.0
Ralls	0	0	0	0.0%	0.0
Randolph	0	0	0	0.0%	0.0
Ray	0	0	0	0.0%	0.0
Reynolds	0	0	0	0.0%	0.0
Ripley	0	0	0	0.0%	0.0
Saline	0	0	0	0.0%	0.0
Schuyler	0	0	0	0.0%	0.0
Scotland	0	0	0	0.0%	0.0
Scott	1	3	0	-100.0%	0.0
Shannon	0	0	0	0.0%	0.0
Shelby	0	0	0	0.0%	0.0
St. Charles	0	0	0	0.0%	0.0
St. Clair	0	0	0	0.0%	0.0
St. Francois	0	1	0	-100.0%	0.0
St. Louis City	21	12	21	75.0%	6.0
St. Louis	7	7	7	0.0%	0.7
Ste. Genevieve	0	0	0	0.0%	0.0
Stoddard	0	0	0	0.0%	0.0
Stone	0	0	0	0.0%	0.0
Sullivan	0	0	0	0.0%	0.0
Taney	0	0	0	0.0%	0.0
Texas	0	1	0	-100.0%	0.0
Vernon	0	0	0	0.0%	0.0
Warren	0	0	0	0.0%	0.0
Washington	0	0	0	0.0%	0.0
Wayne	0	0	0	0.0%	0.0
Webster	0	0	0	0.0%	0.0
Worth	0	0	0	0.0%	0.0
Wright	0	0	0	0.0%	0.0
Missouri	51	46	58	26.1%	1.0

*Per 100,000 population based on US Census Bureau data.

**Outside the city limits of Kansas City.

Note: When the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

STD Epi Profiles Summary: Missouri

Summary of reported chlamydia cases, by county, Missouri, Five year median (2000-2004), 2003, 2004

County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Adair	40	40	58	45.0%	232.2
Andrew	10	16	25	56.3%	151.6
Atchison	2	8	2	-75.0%	31.1
Audrain	62	88	76	-13.6%	294.0
Barry	51	54	65	20.4%	191.1
Barton	10	10	22	120.0%	175.4
Bates	15	18	23	27.8%	138.1
Benton	15	12	25	108.3%	145.5
Bollinger	6	7	16	128.6%	133.0
Boone	454	679	732	7.8%	540.4
Buchanan	297	364	375	3.0%	436.1
Butler	101	127	101	-20.5%	247.1
Caldwell	6	6	23	283.3%	256.4
Callaway	100	122	124	1.6%	304.2
Camden	40	58	67	15.5%	180.8
Cape Girardeau	170	170	197	15.9%	286.8
Carroll	10	21	22	4.8%	213.9
Carter	4	4	8	100.0%	134.7
Cass	94	108	171	58.3%	208.3
Cedar	15	15	17	13.3%	123.8
Chariton	6	7	10	42.9%	118.5
Christian	95	103	103	0.0%	189.7
Clark	4	5	4	-20.0%	53.9
Clay**	199	392	356	-9.2%	356.0
Clinton	20	44	24	-45.5%	126.5
Cole	231	250	231	-7.6%	323.5
Cooper	29	51	47	-7.8%	281.9
Crawford	34	31	47	51.6%	206.1
Dade	7	8	7	-12.5%	88.4
Dallas	11	22	15	-31.8%	95.8
Daviess	14	8	14	75.0%	174.7
DeKalb	6	12	6	-50.0%	51.7
Dent	13	11	20	81.8%	134.0
Douglas	10	10	39	290.0%	298.1
Dunklin	77	77	80	3.9%	241.3
Franklin	83	128	135	5.5%	143.9
Gasconade	7	11	10	-9.1%	65.2
Gentry	6	6	4	-33.3%	58.3
Greene	662	662	685	3.5%	285.0
Grundy	21	29	27	-6.9%	258.8
Harrison	13	8	18	125.0%	203.4
Henry	23	23	23	0.0%	104.6
Hickory	6	0	6	600.0%	67.1
Holt	5	3	5	66.7%	93.4
Howard	17	27	15	-44.4%	146.9
Howell	59	88	61	-30.7%	163.8
Iron	8	12	16	33.3%	149.6
Jackson**	572	631	868	37.6%	261.4
Jasper	302	302	326	7.9%	311.4
Jefferson	221	221	285	29.0%	143.9
Johnson	155	155	211	36.1%	437.2
Kansas City	2,942	3,720	4385	17.9%	993.3
Knox	1	1	1	0.0%	22.9
Laclede	61	61	45	-26.2%	138.4
Lafayette	53	69	53	-23.2%	160.8
Lawrence	47	47	56	19.1%	159.1
Lewis	9	9	22	144.4%	209.6
Lincoln	45	55	57	3.6%	146.4
Linn	19	19	20	5.3%	145.4

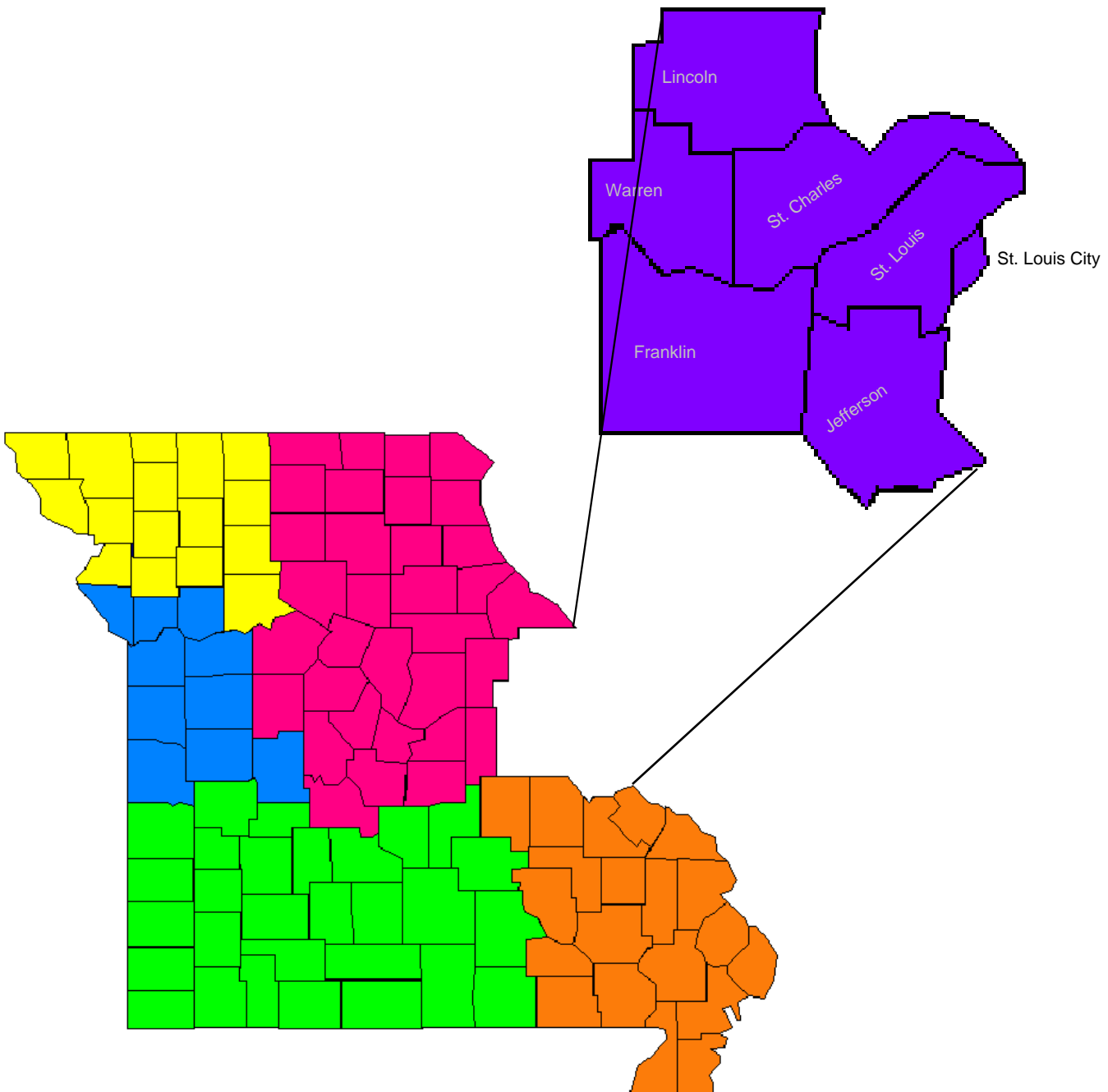
County	Five-Year Median	2003	2004	% Change 2003-2004	2004 Rate*
Livingston	24	34	24	-29.4%	164.9
Macon	27	40	27	-32.5%	171.3
Madison	7	10	11	10.0%	93.2
Maries	5	5	9	80.0%	101.1
Marion	99	141	141	0.0%	498.4
McDonald	33	35	33	-5.7%	152.2
Mercer	2	4	2	-50.0%	53.2
Miller	37	54	37	-31.5%	157.0
Mississippi	58	73	73	0.0%	543.7
Moniteau	14	26	25	-3.8%	168.6
Monroe	15	20	15	-25.0%	161.1
Montgomery	9	9	18	100.0%	148.3
Morgan	19	23	23	0.0%	119.1
New Madrid	61	80	50	-37.5%	253.0
Newton	58	66	69	4.5%	131.1
Nodaway	42	44	52	18.2%	237.3
Oregon	5	5	11	120.0%	106.3
Osage	10	9	11	22.2%	84.2
Ozark	6	8	9	12.5%	94.3
Pemiscot	133	95	133	40.0%	663.4
Perry	17	17	24	41.2%	132.4
Pettis	98	118	132	11.9%	335.0
Phelps	77	79	98	24.1%	246.1
Pike	28	52	28	-46.2%	152.6
Platte**	60	130	60	-53.8%	153.2
Polk	41	51	46	-9.8%	170.4
Pulaski	193	195	224	14.9%	544.2
Putnam	3	3	3	0.0%	57.4
Ralls	16	16	16	0.0%	166.2
Randolph	53	62	65	4.8%	263.6
Ray	23	30	23	-23.3%	98.5
Reynolds	2	0	3	300.0%	44.8
Ripley	4	4	6	50.0%	44.4
Saline	41	41	45	9.8%	189.4
Schuyler	3	4	1	-75.0%	24.0
Scotland	3	2	3	50.0%	60.2
Scott	129	133	110	-17.3%	272.1
Shannon	2	2	5	150.0%	60.1
Shelby	3	3	1	-66.7%	14.7
St. Charles	390	390	506	29.7%	178.2
St. Clair	7	12	16	33.3%	165.8
St. Francois	96	96	111	15.6%	199.5
St. Louis City	3,202	3,502	4130	17.9%	1,186.1
St. Louis	3,000	3,235	4005	23.8%	394.1
Ste. Genevieve	7	7	14	100.0%	78.5
Stoddard	44	44	44	0.0%	148.1
Stone	19	19	24	26.3%	83.7
Sullivan	10	4	14	250.0%	193.9
Taney	74	74	84	13.5%	211.6
Texas	18	19	19	0.0%	82.6
Vernon	40	52	35	-32.7%	171.1
Warren	20	31	32	3.2%	130.5
Washington	33	33	40	21.2%	171.4
Wayne	7	11	7	-36.4%	52.8
Webster	35	44	50	13.6%	161.1
Worth	1	1	1	0.0%	42.0
Wright	28	28	35	25.0%	194.9
Missouri	16,181	18,570	21,319	33.1%	381.0

*Per 100,000 population based on US Census Bureau data.

**Outside the city limits of Kansas City.

Note: When the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

ST. LOUIS HIV REGION



2000 population estimates for the St. Louis HIV Region*

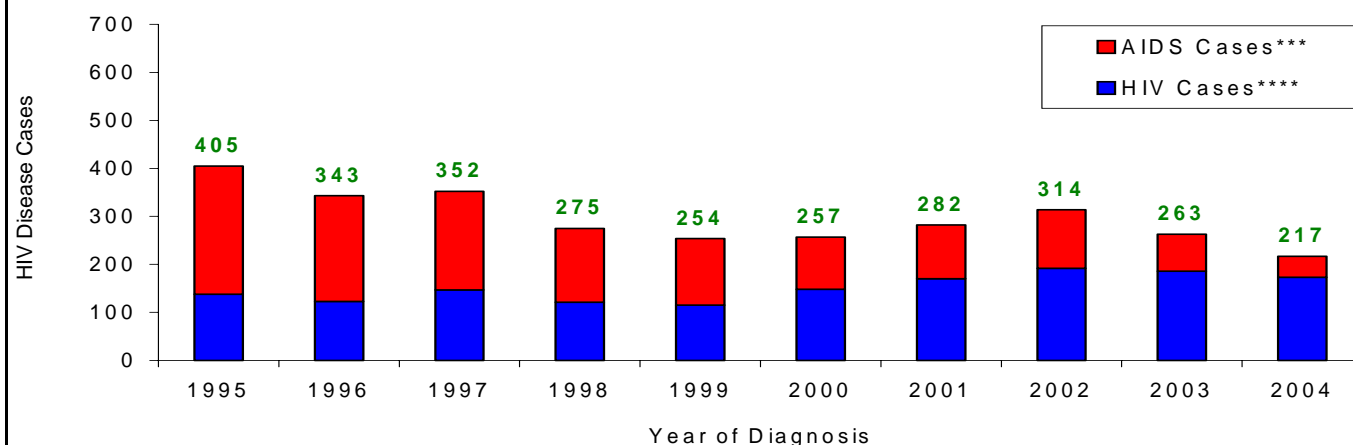
County	White		African American		American Indian		Asian/ Pacific Islander		Hispanic		Total**	
Franklin County	90,993	97.0%	880	0.9%	212	0.2%	259	0.3%	678	0.7%	93,807	100.0%
Jefferson County	191,753	96.8%	1,340	0.7%	543	0.3%	718	0.4%	2,002	1.0%	198,099	100.0%
Lincoln County	37,184	95.5%	672	1.7%	138	0.4%	77	0.2%	444	1.1%	38,944	100.0%
St. Charles County	266,158	93.8%	7,573	2.7%	596	0.2%	2,458	0.9%	4,176	1.5%	283,883	100.0%
St. Louis City	149,329	42.9%	177,446	51.0%	862	0.2%	6,903	2.0%	7,022	2.0%	348,189	100.0%
St. Louis County	772,041	76.0%	192,544	18.9%	1,557	0.2%	22,715	2.2%	14,577	1.4%	1,016,315	100.0%
Warren County	23,330	95.1%	474	1.9%	102	0.4%	56	0.2%	314	1.3%	24,525	100.0%
Region Totals	1,530,788	76.4%	380,929	19.0%	4,010	0.2%	33,186	1.7%	29,213	1.5%	2,003,762	100.0%

*Based on 2000 US Census Bureau data.

**Totals include persons of Other/Unknown races/ethnicities not listed.

MAGNITUDE AND IMPACT OF THE PROBLEM

Figure 1. HIV disease cases, by current status* and year of diagnosis, St. Louis HIV Region, 1995—2004**



*HIV case vs. AIDS case

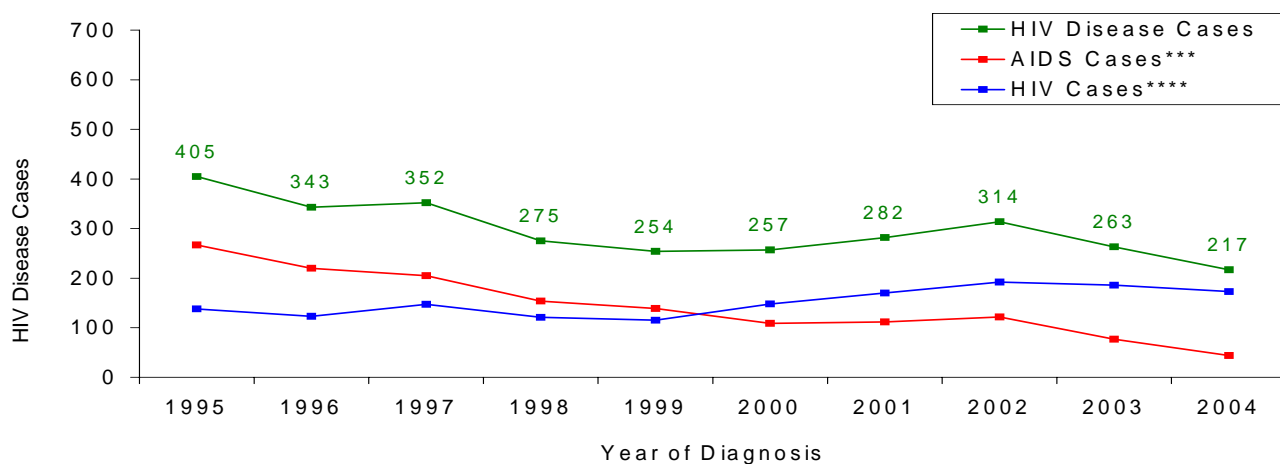
**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they had subsequently come to meet the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- As of December 31, 2004, there were 6,913 HIV disease cases reported in the St. Louis HIV Region. Of these, 2,237 were classified as HIV cases, and 4,676 were AIDS cases.
- In the St. Louis HIV Region, there were 173 new HIV cases in 2004, which was the same number of HIV cases diagnosed in 2003.
- In 2004, there were 44 new AIDS cases. This represents a 10% increase in new AIDS cases from the 40 new AIDS cases diagnosed in 2003.
- For additional information, refer to the interpretation guidelines.

Figure 2. Reported HIV disease cases, by current status* and year of diagnosis, St. Louis HIV Region, 1995—2004**

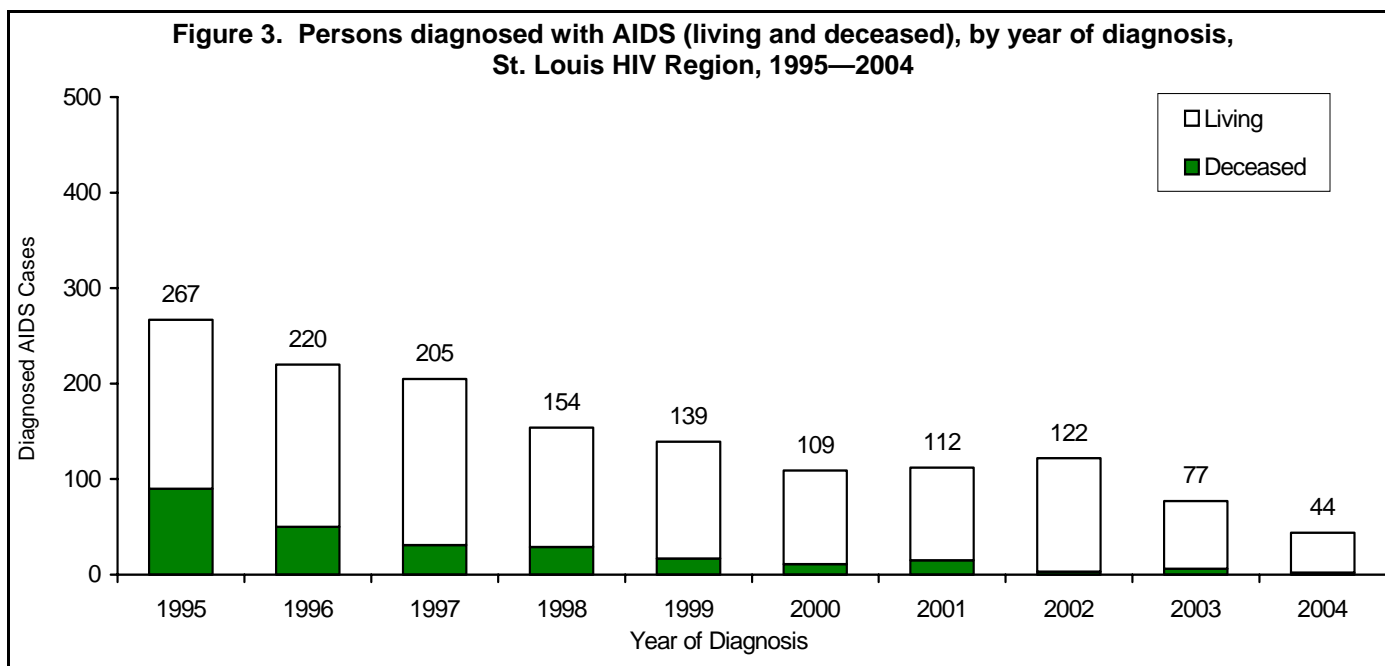


*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they had subsequently come to meet the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases, and have remained HIV cases. (They have not met the case definition for AIDS.)



- Of the 4,676 persons reported as an AIDS case in the region, 2,299 (49.2%) were still living as of December 31, 2004.
- Two of the 44 newly diagnosed AIDS cases for 2004 died during the year.

WHO

Table 1. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, St. Louis HIV Region, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	127	73.4%	13.2	33	75.0%	3.4	160	73.7%	16.6
Female	46	26.6%	4.4	11	25.0%	1.1	57	26.3%	5.5
Total	173	100.0%	8.6	44	100.0%	2.2	217	100.0%	10.8
White	71	41.0%	4.6	16	36.4%	1.0	87	40.1%	5.7
Black	90	52.0%	23.6	28	63.6%	7.3	118	54.4%	31.0
Hispanic	6	3.5%	20.5	0	0.0%	0.0	6	2.8%	20.5
Asian	2	1.2%	6.0	0	0.0%	0.0	2	0.9%	6.0
American Indian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	4	2.3%	N/A	0	0.0%	N/A	4	1.8%	N/A
Total	173	100.0%	8.6	44	100.0%	2.2	217	100.0%	10.8
White Male	57	44.9%	7.7	14	42.4%	1.9	71	44.4%	9.6
Black Male	62	48.8%	35.9	19	57.6%	11.0	81	50.6%	46.9
Hispanic Male	4	3.1%	26.5	0	0.0%	0.0	4	2.5%	26.5
Asian Male	2	1.6%	12.4	0	0.0%	0.0	2	1.3%	12.4
American Indian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	2	1.6%	N/A	0	0.0%	N/A	2	1.3%	N/A
Total	127	100.0%	13.2	33	100.0%	3.4	160	100.0%	16.6
White Female	14	30.4%	1.8	2	18.2%	0.3	16	28.1%	2.0
Black Female	28	60.9%	13.4	9	81.8%	4.3	37	64.9%	17.8
Hispanic Female	2	4.3%	14.2	0	0.0%	0.0	2	3.5%	14.2
Asian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	2	4.3%	N/A	0	0.0%	N/A	2	3.5%	N/A
Total	46	100.0%	4.4	11	100.0%	1.1	57	100.0%	5.5

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2004.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- Though Blacks represent only 19% of the population in the region, they accounted for 54.4% of the HIV disease cases.
- Blacks made up a larger percentage of AIDS cases (63.6%) than HIV cases (52%), a possible indicator of delayed HIV testing.
- There were six HIV disease cases reported in Hispanics in 2004. In 2003, only three cases were reported within this ethnic demographic.

WHERE

Table 2. HIV and AIDS cases and rates, by geographic area, St. Louis HIV Region, 2004 and cumulative* (1982-2004)

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2004**			Cumulative			Diagnosed 2004			Cumulative		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
St. Louis City	96	55.5%	27.6	1,421	63.5%	408.1	26	59.1%	7.5	2,827	60.5%	811.9
St. Louis County	69	39.9%	6.8	675	30.2%	66.4	12	27.3%	1.2	1,498	32.0%	147.4
St. Charles County	4	2.3%	1.4	69	3.1%	24.3	3	6.8%	1.1	159	3.4%	56.0
Remainder of Region	4	2.3%	1.1	72	3.2%	20.3	3	6.8%	0.8	192	4.1%	54.0
ST LOUIS HIV REGION TOTAL	173	100.0%	8.6	2,237	100.0%	111.6	44	100.0%	2.2	4,676	100.0%	233.4

*Includes all cases, living and deceased.

**HIV cases diagnosed and reported to the Department during 2004 which remained HIV cases at the end of the year.

***Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- The majority of the new and cumulative HIV disease cases in the region have been reported in persons residing in St. Louis City.
- The cumulative case rates of HIV and of AIDS in St. Louis City are approximately 4 times greater than the respective regional case rates.
- The percentage of new HIV cases reported in St. Louis County residents in 2004 was 9.7% higher than the percentage of cumulative HIV cases. This may indicate an emerging departure from the geographic epidemiologic expectations of the region.
- In 2004, St. Louis City residents accounted for 55.5% of the new HIV cases, a marked decrease from the 76.3% in 2003.

Table 3. Diagnosed HIV cases and rates, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2004

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases**	%	Rate*
St. Louis City	36	37.5%	24.1	55	57.3%	31.0	2	2.1%	28.5	96	100.0%	27.6
St. Louis County	29	42.0%	3.8	34	49.3%	17.7	4	5.8%	27.4	69	100.0%	6.8
ST LOUIS HIV REGION TOTAL***	71	41.0%	4.6	90	52.0%	23.6	6	3.5%	20.5	173	100.0%	8.6

*Per 100,000 population based on 2000 US Census Bureau data.

**Includes Other/Unknown racial/ethnic cases not listed.

***Includes cases from geographic areas in the St. Louis HIV Region not listed.

Note: Row percentages are shown. Percentages may not total due to rounding.

- There were twice as many Hispanics diagnosed with HIV in 2004 than in 2003 in both St. Louis City and St. Louis County.
- In St. Louis City, there was a 28% decrease in the number of White HIV cases reported and a 46.6% decrease in the number of Black cases reported since 2003.
- In St. Louis County, the number of White HIV cases more than doubled (13 cases in 2003), and there was a 36% increase in the number of Black cases since 2003.

Table 4. Diagnosed AIDS cases and rates, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2004

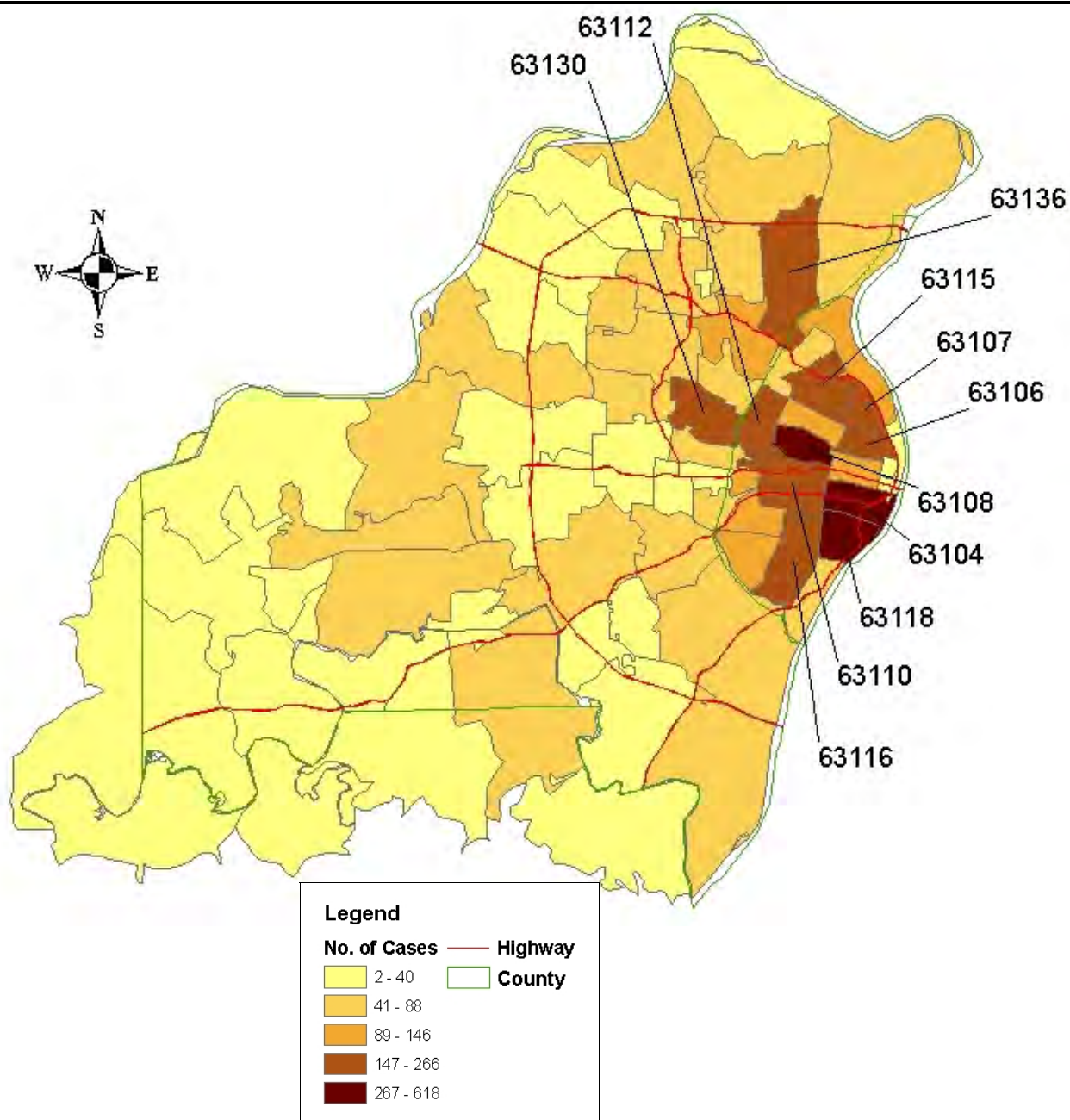
Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*
St. Louis City	8	30.8%	5.4	18	69.2%	10.1	0	0.0%	0.0	26	100.0%	7.5
St. Louis County	2	16.7%	0.3	10	83.3%	5.2	0	0.0%	0.0	12	100.0%	1.2
St. Charles County	3	100.0%	1.1	0	0.0%	0.0	0	0.0%	0.0	3	100.0%	1.1
Remainder of Region	3	100.0%	0.9	0	0.0%	0.0	0	0.0%	0.0	3	100.0%	0.8
ST LOUIS HIV REGION TOTAL	16	36.4%	1.0	28	63.6%	7.4	0	0.0%	0.0	44	100.0%	2.2

*Per 100,000 population based on 2000 US Census Bureau data.

Note: Row percentages are shown. Percentages may not total due to rounding.

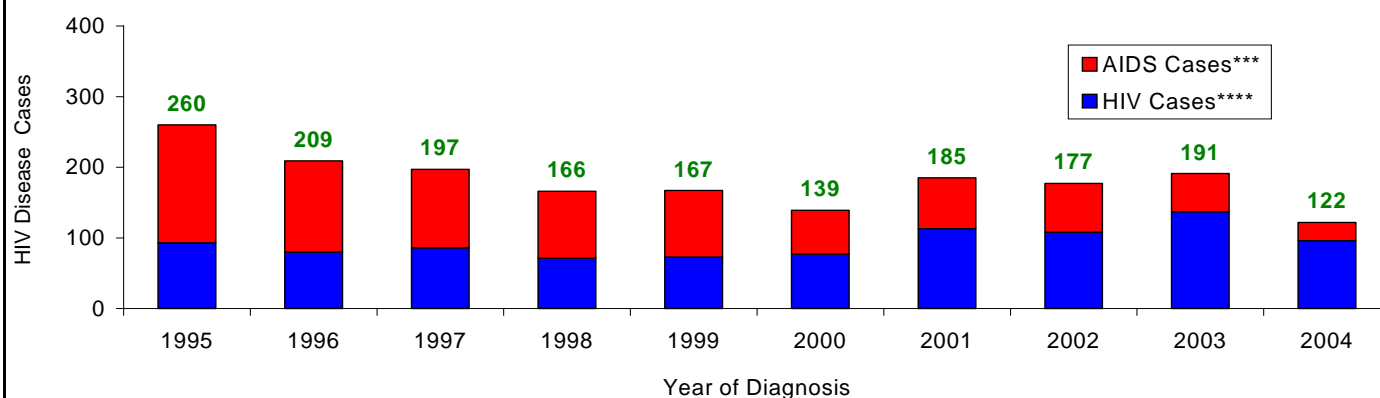
- In the St. Louis HIV Region, Blacks were diagnosed with AIDS only within St. Louis City and St. Louis County. From 2003 to 2004, there was a 12.5% increase in the number of Black cases in the City and a 9.1% decrease in the County. In both jurisdictions, Blacks represented the majority of the new AIDS diagnoses.

Figure 4. Number of cumulative HIV disease cases*, by ZIP code of residence at diagnosis, St. Louis City and St. Louis County, 1982—2004



* The cumulative number of HIV disease cases diagnosed in individuals living in the St. Louis HIV Region at the time of their diagnosis and reported to the DHSS by December 31, 2004, was 6,913. However, the number represented by this map, based on complete and accurate ZIP code information, is 6,072. The remaining 841 cases cannot be identified by ZIP code. All percentage calculations and statements regarding this map are based on 6,072 cases.

- The three ZIP codes containing the highest concentration of cases were located in St. Louis City, namely ZIP codes 63104, 63108, 63118. These three ZIP codes accounted for 26.9% of the cumulative amount of cases diagnosed in this region.
- The 11 ZIP codes labeled on the map contained 55% of the reported HIV disease cases in the region.
- Every ZIP code in the depicted area has reported at least 2 HIV disease cases.

Figure 5. HIV disease cases, by current status* and year of diagnosis, St. Louis City, 1995—2004**

*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- In St. Louis City, there were a total of 4,248 cumulative HIV disease cases diagnosed at the end of 2004. Approximately two-thirds of these (2,827) were AIDS cases, and 1,421 were HIV cases.
- Although the number of newly diagnosed HIV disease cases appears to have decreased from 2003 to 2004, when compared to unadjusted HIV disease case counts by initial disease classification the number of newly diagnosed HIV cases decreased 27.3% and the number of newly diagnosed AIDS cases increased 8.3%.
- For additional information, refer to the interpretation guidelines.

Table 5. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, St. Louis City, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	73	76.0%	44.6	19	73.1%	11.6	92	75.4%	56.2
Female	23	24.0%	12.5	7	26.9%	3.8	30	24.6%	16.2
Totals	96	100.0%	27.6	26	100.0%	7.5	122	100.0%	35.0
White	36	37.5%	24.1	8	30.8%	5.4	44	36.1%	29.5
Black	55	57.3%	31.0	18	69.2%	10.1	73	59.8%	41.1
Hispanic	2	2.1%	28.5	0	0.0%	0.0	2	1.6%	28.5
Asian	1	1.0%	14.5	0	0.0%	0.0	1	0.8%	14.5
American Indian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	2	2.1%	N/A	0	0.0%	N/A	2	1.6%	N/A
Totals	96	100.0%	27.6	26	100.0%	7.5	122	100.0%	35.0

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2004.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- In St. Louis City, the highest percentage of HIV disease cases was reported in Blacks. This has occurred in each of the previous eight years.
- The approximate 3:1 male-to-female HIV disease ratio was consistent with trends from previous years.
- The ratio of HIV case rates in Blacks to Whites was 1.3:1. the ratio of AIDS case rates in Blacks to Whites was 1.9:1. This is a possible indicator for delayed testing in Blacks.



Table 6. HIV and AIDS cases with exposure category assignments for NIRs, St. Louis City*, 2004 and cumulative (1982-2004)

Exposure Category	HIV cases				AIDS cases			
	2004**		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	66	68.8%	940	66.8%	18	69.2%	2,055	73.2%
Men who have sex with men and inject drugs	1	1.0%	53	3.8%	0	0.0%	199	7.1%
Injecting drug use	5	5.2%	90	6.4%	1	3.8%	198	7.1%
Heterosexual contact	24	25.0%	318	22.6%	7	26.9%	326	11.6%
Hemophilia/coagulation disorder	0	0.0%	3	0.2%	0	0.0%	19	0.7%
Blood transfusion or tissue recipient	0	0.0%	3	0.2%	0	0.0%	11	0.4%
No Indicated Risk	----	-----	-----	-----	----	-----	-----	-----
ADULT/ADOLESCENT SUBTOTAL	96	100.0%	1,407	100.0%	26	100.0%	2,808	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	14	100.0%	0	0.0%	19	100.0%
TOTAL	96		1,421		26		2,827	

*This data is for St. Louis City only. For data representing the entire region, see the end of this section.

**HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

- In 2004, 30 (31.3%) of the HIV cases and three (11.5%) of the AIDS cases diagnosed in St. Louis City were classified as “No Indicated Risk”.



Table 7. AIDS cases, by county, Illinois: five counties in the St. Louis Metropolitan Statistical Area, cumulative through December 2004

County	Cumulative AIDS cases	
	Cases	%
Clinton	64	10.2%
Jersey	6	1.0%
Madison	182	29.1%
Monroe	11	1.8%
St. Clair	363	58.0%
TOTAL	626	100.0%
Note: Percentages may not total due to rounding.		

Table 8. AIDS cases, by sex, by race/ethnicity, by age group, Illinois: five counties* in the St. Louis Metropolitan Statistical Area, cumulative through December 2004

Sex	Cumulative AIDS cases	
	Cases	%
Males	549	87.7%
Females	77	12.3%
Race/ethnicity		
White	312	49.8%
Black	295	47.1%
Hispanic	16	2.6%
Other/Unknown	3	0.5%
Age Group		
<13	8	1.3%
13-19	11	1.7%
20-29	117	18.7%
30-39	277	44.2%
40-49	152	24.3%
>49	61	9.7%
TOTAL	626	

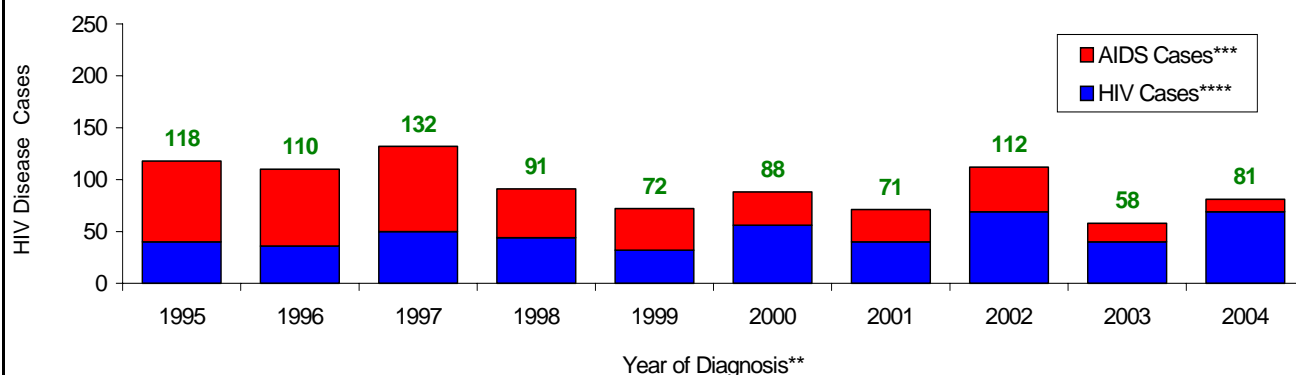
*Clinton, Jersey, Madison, Monroe, and St. Clair
 Note: Percentages may not total due to rounding.

Table 9. AIDS cases, by exposure category, Illinois: five counties* in the St. Louis Metropolitan Statistical Area, cumulative through December 2004

Exposure category	Cumulative AIDS cases	
	Cases	%
Adult/Adolescent		
Men who have sex with men	354	57.3%
Men who have sex with men and inject drugs	28	4.5%
Injecting drug use	86	13.9%
Heterosexual contact	61	9.9%
Hemophilia/blood transfusion	28	4.5%
No indicated risk	61	9.9%
ADULT/ADOLESCENT SUBTOTAL	618	100.0%
Pediatric (<13 years)		
Mother with/at risk of HIV infection	5	62.5%
Other/Unknown	3	37.5%
PEDIATRIC SUBTOTAL	8	100.0%
TOTAL	626	

*Clinton, Jersey, Madison, Monroe, and St. Clair
 Note: Percentages may not total due to rounding.

- Tables 7, 8, and 9 present cumulative AIDS case data for the five Illinois counties that are part of the St. Louis Metropolitan Statistical Area.
- Due to the fact that Illinois' HIV reporting rule differs from that of Missouri, only AIDS data are presented for comparison.

Figure 6. HIV disease cases, by current status* and year of diagnosis, St. Louis County, 1995—2004**


*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- At the end of December 2004, there were a cumulative number of 2,173 HIV disease cases diagnosed in St. Louis County. Of these, 675 were HIV cases, and 1,498 were AIDS cases.
- Although there was no change in the number of newly diagnosed AIDS cases diagnosed in the county, there was a 97.1% increase in the number of newly diagnosed HIV cases from 2003.
- For additional information, refer to the interpretation guidelines.

Table 10. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, St. Louis County, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	49	71.0%	10.2	9	75.0%	1.9	58	71.6%	12.0
Female	20	29.0%	3.7	3	25.0%	0.6	23	28.4%	4.3
Totals	69	100.0%	6.8	12	100.0%	1.2	81	100.0%	8.0
White	29	42.0%	3.8	2	16.7%	0.3	31	38.3%	4.0
Black	34	49.3%	17.7	10	83.3%	5.2	44	54.3%	22.9
Hispanic	4	5.8%	27.4	0	0.0%	0.0	4	4.9%	27.4
Asian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	2	2.9%	N/A	0	0.0%	N/A	2	2.5%	N/A
Totals	69	100.0%	6.8	12	100.0%	1.2	81	100.0%	8.0

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed during 2004.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data

Note: Percentages may not total due to rounding.

- While there was no change in the number of newly diagnosed AIDS cases, there was an 11.1% increase in the number of Blacks diagnosed as an AIDS case.
- There were twice as many Hispanics diagnosed with HIV disease in 2004 than in 2003. While considered somewhat unstable due to the small case count, the case rate of 27.4 is the highest within race/ethnicity for the county.

Table 11. HIV and AIDS cases with exposure category assignments for NIRs, St. Louis County*, 2004 and cumulative (1982-2004)

Exposure category	HIV cases				AIDS cases			
	2004**		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	45	65.2%	454	67.7%	9	75.0%	1,096	73.7%
Men who have sex with men and inject drugs	0	0.0%	11	1.6%	0	0.0%	60	4.0%
Injecting drug use	4	5.8%	28	4.2%	0	0.0%	90	6.1%
Heterosexual contact	20	29.0%	168	25.0%	3	25.0%	193	13.0%
Hemophilia/coagulation disorder	0	0.0%	8	1.2%	0	0.0%	31	2.1%
Blood transfusion or tissue recipient	0	0.0%	2	0.3%	0	0.0%	17	1.1%
No indicated risk	----	-----	----	-----	----	-----	----	-----
ADULT/ADOLESCENT SUBTOTAL	69	100.0%	671	100.0%	12	100.0%	1,487	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	4	100.0%	0	0.0%	11	100.0%
TOTAL	69		675		12		1,498	

*This data is for St. Louis County only. For data representing the entire region, see the end of this section.

**HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

- In 2004, 23 (33.3%) of the HIV cases diagnosed in St. Louis County were classified as "No Indicated Risk".

EXPOSURE CATAGORIES

Men Who Have Sex with Men (MSM)

Table 12. Incidence and prevalence of HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, St. Louis HIV Region, 2004

Race/Ethnicity	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	43	54.4%	723	56.2%	12	42.9%	849	56.1%
Black	32	40.5%	524	40.7%	16	57.1%	646	42.7%
Hispanic	3	3.8%	26	2.0%	0	0.0%	17	1.1%
Other/Unknown	1	1.3%	13	1.0%	0	0.0%	2	0.1%
ST LOUIS HIV REGION TOTAL	79	100.0%	1286	100.0%	28	100.0%	1514	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- Of the six Hispanic persons newly diagnosed with HIV in the region, three indicated their likely mode of transmission as MSM.
- The percentages of newly diagnosed HIV disease cases in Whites and Blacks in this exposure category were similar to trends from previous years.

Table 13. HIV prevalence in men who have sex with men, by selected race/ethnicity, by age, St. Louis HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	6	0.8%	24	4.6%	0	0.0%	30	2.3%
19-24	76	10.5%	133	25.4%	3	11.5%	215	16.7%
25-44	550	76.1%	321	61.3%	19	73.1%	898	69.8%
45-64	90	12.4%	45	8.6%	4	15.4%	141	11.0%
65+	1	0.1%	1	0.2%	0	0.0%	2	0.2%
ST LOUIS HIV REGION TOTAL	723	100.0%	524	100.0%	26	100.0%	1286	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with past years, the majority of living HIV cases were in persons within the 25-44 age group.
- The percentage of living HIV cases reported in persons younger than 24 was greater within Hispanics and Blacks than in Whites.

Table 14. HIV prevalence in men who have sex with men, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2004

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	438	53.2%	366	44.4%	13	1.6%	824	64.1%
St. Louis County	226	56.6%	156	39.1%	12	3.0%	399	31.0%
St. Charles County	32	91.4%	1	2.9%	1	2.9%	35	2.7%
Jefferson County	16	94.1%	1	5.9%	0	0.0%	17	1.3%
Franklin County	8	100.0%	0	0.0%	0	0.0%	8	0.6%
Remaining Counties	3	100.0%	0	0.0%	0	0.0%	3	0.2%
ST LOUIS HIV REGION TOTAL	723	56.2%	524	40.7%	26	2.0%	1,286	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Among White MSM with HIV who were still living at the end of 2004, 60.6% were diagnosed in St. Louis City, 31.3% were in St. Louis County, and 4.4% were in St. Charles County.
- Among Black MSM with HIV who were still living at the end of 2004, 69.8% were diagnosed in St. Louis City and 29.8% were in St. Louis County.
- Half of Hispanic MSM HIV cases alive at the end of 2004 were diagnosed in St. Louis City. An additional 46.2% were living in St. Louis County.

Men Who Have Sex with Men and Inject Drugs (MSM/IDU)**Table 15. HIV and AIDS incidence and prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, St. Louis HIV Region, 2004**

Race/Ethnicity	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	1	50.0%	21	36.8%	0	0.0%	58	49.6%
Black	0	0.0%	33	57.9%	0	0.0%	59	50.4%
Hispanic	0	0.0%	1	1.8%	0	0.0%	0	0.0%
Other/Unknown	1	50.0%	2	3.5%	0	0.0%	0	0.0%
ST LOUIS HIV REGION TOTAL	2	100.0%	57	100.0%	0	—	117	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- In 2003, there was one Black person diagnosed with HIV disease in the MSM/IDU exposure category; in 2004, there was one White person and one person who reported an Other/Unknown race/ethnicity within this risk category.

Table 16. HIV prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, by age group, St. Louis HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	1	4.8%	1	3.0%	0	0.0%	2	3.5%
19-24	3	14.3%	8	24.2%	0	0.0%	11	19.3%
25-44	16	76.2%	21	63.6%	1	100.0%	39	68.4%
45-64	1	4.8%	3	9.1%	0	0.0%	4	7.0%
65+	0	0.0%	0	0.0%	0	0.0%	1	1.8%
ST LOUIS HIV REGION TOTAL	21	100.0%	33	100.0%	1	100.0%	57	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with trends from previous years, the majority of living HIV cases who reported MSM/IDU as a likely mode of transmission were reported in persons aged 25-44.

Table 17. HIV prevalence in men who have sex with men and inject drugs, by selected race, by geographic area, St. Louis HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
St. Louis City	12	28.6%	28	66.7%	42	73.7%
St. Louis County	6	60.0%	4	40.0%	10	17.5%
St. Charles County	2	66.7%	1	33.3%	3	5.3%
Remaining Counties	1	50.0%	0	0.0%	2	3.5%
ST LOUIS HIV REGION TOTAL	21	36.8%	33	57.9%	57	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.
 **Percentage of race in each area.
 ***Percentage of cases per area.
 Note: Percentages may not total due to rounding.

- Among White MSM/IDU diagnosed with HIV, 57.1% were living in St. Louis City, 28.6% in St. Louis County, 9.5% in St. Charles County, and 4.8% in the remaining counties of the St. Louis HIV Region.
- Among Black MSM/IDU with HIV still living at the end of 2004, 84.8% were diagnosed in St. Louis City, 12.1% were in St. Louis County, and 3% in St. Charles County.

Injecting Drug Users (IDU)

Table 18. Incidence and prevalence of HIV and AIDS cases in injecting drug users, by selected race and sex, St. Louis HIV Region, 2004

Race/Ethnicity and Gender	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	1	16.7%	16	15.0%	0	0.0%	30	20.0%
Black Male	3	50.0%	54	50.5%	1	100.0%	65	43.3%
White Female	0	0.0%	15	14.0%	0	0.0%	12	8.0%
Black Female	2	33.3%	21	19.6%	0	0.0%	40	26.7%
ST LOUIS HIV REGION TOTAL***	6	100.0%	107	100.0%	1	100.0%	150	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Total numbers and percentages include Other/Unknown cases not listed.

Note: Percentages may not total due to rounding.

- Of the newly diagnosed HIV disease cases in IDU for the St. Louis HIV Region, six (85.7%) were in Blacks. However, 70% of the living IDU HIV disease cases were reported in Blacks.

Table 19. HIV prevalence in injecting drug users, by selected race and sex, by age group, St. Louis HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	2	13.3%	1	4.8%	3	2.8%
19-24	1	6.3%	2	3.7%	2	13.3%	0	0.0%	6	5.6%
25-44	14	87.5%	41	75.9%	11	73.3%	16	76.2%	82	76.6%
45-64	1	6.3%	10	18.5%	0	0.0%	4	19.0%	15	14.0%
65+	0	0.0%	1	1.9%	0	0.0%	0	0.0%	1	0.9%
ST LOUIS HIV REGION TOTAL	16	100.0%	54	100.0%	15	100.0%	21	100.0%	107	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with trends from previous years, the majority of the living IDU HIV cases were reported in persons in the 25-44 age group.
- In the St. Louis HIV Region, more living IDU HIV cases were reported in females under age 24 than in males within the same age group.

Table 20. HIV prevalence in injecting drug users, by selected race, by geographic area, St. Louis HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
St. Louis City	13	18.3%	58	81.7%	71	66.4%
St. Louis County	7	29.2%	16	66.7%	24	22.4%
St. Charles County	6	100.0%	0	0.0%	6	5.6%
Franklin County	2	100.0%	0	0.0%	2	1.9%
Jefferson County	2	66.7%	1	33.3%	3	2.8%
Remaining Counties	1	100.0%	0	0.0%	1	0.9%
ST LOUIS HIV REGION TOTAL	31	29.0%	75	70.1%	107	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

- Of the White persons living with HIV who reported IDU as their likely mode of transmission, 41.9% were residents of St. Louis City at the time of diagnosis, 22.6% were residents of St. Louis County, 19.4% were residents of St. Charles County, and 16.1% were residents of some other county in the St. Louis HIV Region.
- Over three-quarters (77.3%) of the living Black IDU HIV cases were residents of St. Louis City when diagnosed; another 21.3% were residents of St. Louis County.

Heterosexual Contacts

Table 21. HIV and AIDS incidence and prevalence cases in heterosexual contacts, by selected race and sex, St. Louis HIV Region, 2004

Race/Ethnicity and Gender	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	30	6.7%	1	9.1%	28	7.3%
Black Male	2	6.7%	92	20.6%	0	0.0%	90	23.6%
White Female	10	33.3%	76	17.0%	2	18.2%	50	13.1%
Black Female	16	53.3%	238	53.2%	8	72.7%	206	53.9%
ST LOUIS HIV REGION TOTAL ***	30	100.0%	447	100.0%	11	100.0%	382	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Total numbers and percentages include Other/Unknown cases not listed in columns.

Note: Percentages may not total due to rounding.

- Of the newly diagnosed HIV disease cases in persons who reported heterosexual contact as a likely mode of HIV transmission, a greater number were in females than in males.
- In 2004, of the newly diagnosed heterosexual HIV disease cases, 38 were in females and three were in males.

Table 22. HIV prevalence in heterosexual contacts, by selected race and sex, by age group, St. Louis HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	4	4.3%	6	7.9%	25	10.5%	35	7.8%
19-24	1	3.3%	15	16.3%	13	17.1%	58	24.4%	90	20.1%
25-44	20	66.7%	62	67.4%	42	55.3%	141	59.2%	271	60.6%
45-64	8	26.7%	10	10.9%	13	17.1%	12	5.0%	45	10.1%
65+	1	3.3%	1	1.1%	2	2.6%	2	0.8%	6	1.3%
ST LOUIS HIV REGION TOTAL	30	100.0%	92	100.0%	76	100.0%	238	100.0%	447	100.0%

*Row total and percentages include Other/Unknown cases not listed in columns.

**Percentage of race per age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- More living heterosexual HIV cases from the St. Louis HIV Region were reported in persons within the 25-44 age group than in any other age group.
- Black females either equaled or exceeded case counts for HIV prevalence compared to each of the male groups and White females as shown in Table 22.

Table 23. HIV prevalence in heterosexual contacts, by selected race, by geographic area, St. Louis HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
St. Louis City	39	14.4%	226	83.7%	270	60.4%
St. Louis County	41	27.9%	100	68.0%	147	32.9%
St. Charles County	12	92.3%	1	7.7%	13	2.9%
Franklin County	2	66.7%	1	33.3%	3	0.7%
Jefferson County	10	83.3%	2	16.7%	12	2.7%
Remaining Counties	2	100.0%	0	0.0%	2	0.4%
ST LOUIS HIV REGION TOTAL	106	23.7%	330	73.8%	447	100.0%

*Row total and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each area.

***Percentage of cases in each area.

Note: Percentages may not total due to rounding.

- Among Whites living with HIV who reported heterosexual contact as their likely mode of transmission, 36.8% were diagnosed while a resident of St. Louis City, 38.7% were residents of St. Louis County, and 11.3% were in St. Charles County.
- Among Blacks living with HIV who reported this exposure category, 68.5% were diagnosed as residents of St. Louis City, and 30.3% were diagnosed as residents of St. Louis County.

Table 24. HIV and AIDS cases with exposure category assignments for NIRs, St. Louis HIV Region, 2004 and cumulative (1982-2004)

Exposure Category	HIV cases				AIDS cases			
	2004*		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	115	66.5%	1,472	66.4%	31	70.5%	3,385	73.0%
Men who have sex with men and inject drugs	3	1.7%	69	3.1%	0	0.0%	274	5.9%
Injecting drug use	9	5.2%	135	6.1%	1	2.3%	319	6.9%
Heterosexual contact	46	26.6%	524	23.6%	12	27.3%	561	12.1%
Hemophilia/coagulation disorder	0	0.0%	12	0.5%	0	0.0%	63	1.4%
Blood transfusion or tissue recipient	0	0.0%	5	0.2%	0	0.0%	37	0.8%
No indicated risk	----	-----	-----	-----	----	-----	-----	-----
ADULT/ADOLESCENT SUBTOTAL	173	100.0%	2,217	100.0%	44	100.0%	4,639	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	20	100.0%	0	0.0%	37	100.0%
TOTAL	173		2,237		44		4,676	

*HIV cases reported during 2004 which remained HIV cases at the end of that year.

Note: Percentages may not total due to rounding.

- In 2004, 56 (32.4%) of the HIV cases and four (9.1%) of the AIDS cases diagnosed in the St. Louis HIV Region were classified as "No Indicated Risk".

GONORRHEA

Table 1. Reported gonorrhea cases and rates, by race and county*, St. Louis HIV Region, 2004

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
St. Louis City	93	3.8%	62.3	1,926	78.9%	1,085.4	2,440	100.0%	700.8
St. Louis County	89	4.8%	11.5	1,214	65.9%	630.5	1,843	100.0%	181.3
St. Charles County	31	35.6%	11.6	16	18.4%	211.3	87	100.0%	30.6
Jefferson County	22	44.0%	11.5	3	6.0%	223.9	50	100.0%	25.2
Franklin County	7	38.9%	7.7	3	16.7%	340.9	18	100.0%	19.2
Lincoln County	6	50.0%	16.1	2	16.7%	297.6	12	100.0%	30.8
Warren County	0	0.0%	0.0	0	0.0%	0.0	2	100.0%	8.2
ST LOUIS HIV REGION TOTAL	248	5.6%	16.2	3,164	71.1%	830.6	4,452	100.0%	222.2

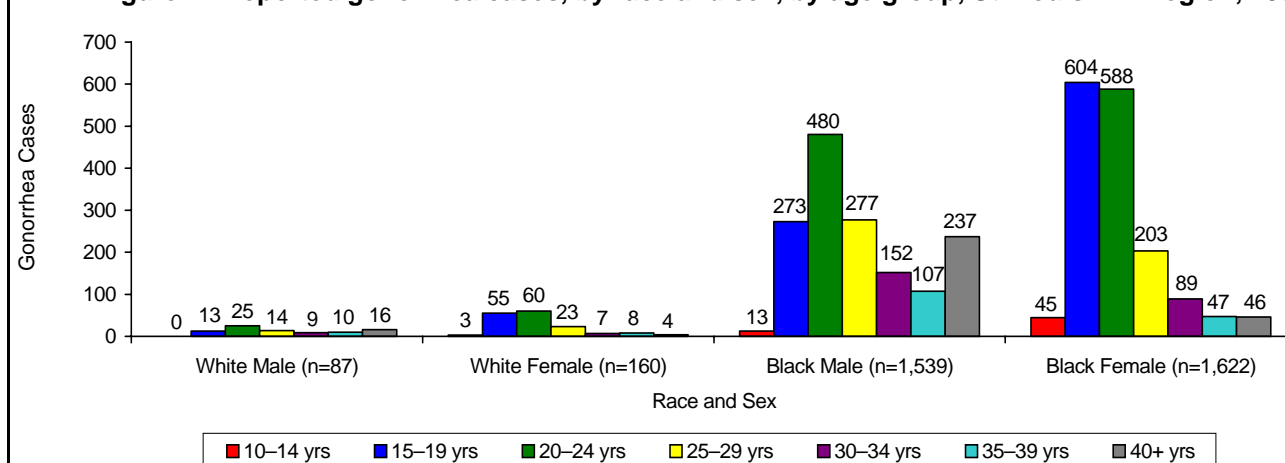
*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may contain Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding.

- The case rate for Blacks in the St. Louis HIV Region was 51.3 times higher than the case rate for Whites.
- In 2004, St. Louis City reported the highest percentage of cases (54.8%) among all the counties in the St. Louis HIV Region. St. Louis County reported the second highest percentage of cases (41.4%).
- In 2004, the number of gonorrhea cases reported increased by 21 (0.5%) over the number of cases reported in 2003 in the St. Louis HIV Region.

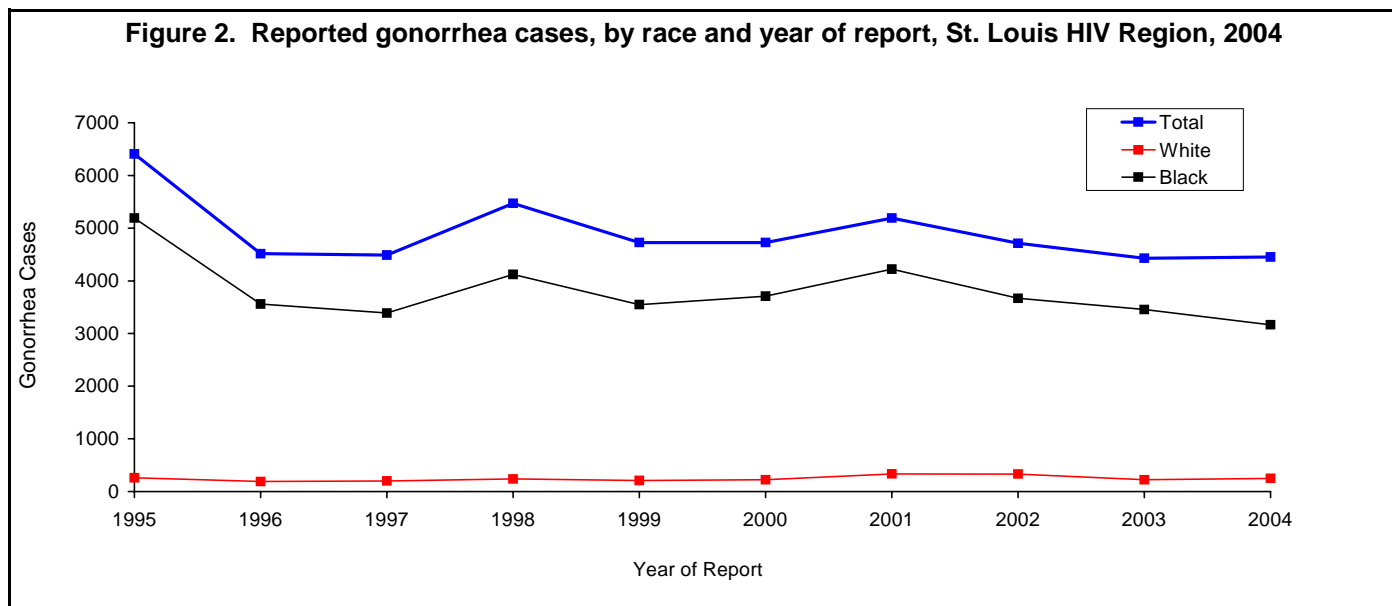
Figure 1. Reported gonorrhea cases, by race and sex, by age group, St. Louis HIV Region, 2004

- Figure 1 depicts 3,408 (76.5%) cases with complete information for race, sex, and age of the 4,452 gonorrhea cases reported for 2004.
- In three of the four specific groups depicted in Figure 1, the highest number of cases reported were in individuals 20 to 24 years old. In Black females, the highest number of cases reported were in individuals 15 to 19 years old.

STD Epi Profiles Summary: St. Louis HIV Region

(Continued from the previous page.)

- When combined, the 15 to 19 and 20 to 24 year old age groups comprise 61.9% of all reported cases among Whites, and 61.5% of all reported cases among Blacks.
- In the 10 to 14 year old age group, Blacks comprised 1.8% of reported cases.
- In the 40 and over age group, Black males comprised 15.4% of reported cases.



- Over the past ten years, the number of gonorrhea cases reported in the St. Louis HIV Region has fluctuated, but has not demonstrated a clear trend either way.
- The number of cases among Blacks is similar to the fluctuations in the state numbers.
- The number of cases among Whites was relatively stable from year to year and was much lower than the number of cases in Blacks.

PRIMARY AND SECONDARY (P&S) SYPHILIS

Table 2. Reported P&S syphilis cases and rates, by race and county*, St. Louis HIV Region, 2004

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
St. Louis City	25	53.2%	16.7	22	46.8%	12.4	47	100.0%	13.5
St. Louis County	6	75.0%	0.8	2	25.0%	1.0	8	100.0%	0.8
St. Charles County	2	66.7%	0.8	1	33.3%	13.2	3	100.0%	1.1
Jefferson County	2	100.0%	1.0	0	0.0%	0.0	2	100.0%	1.0
ST LOUIS HIV REGION TOTAL	35	38.9%	2.3	25	41.7%	6.6	60	100.0%	3.0

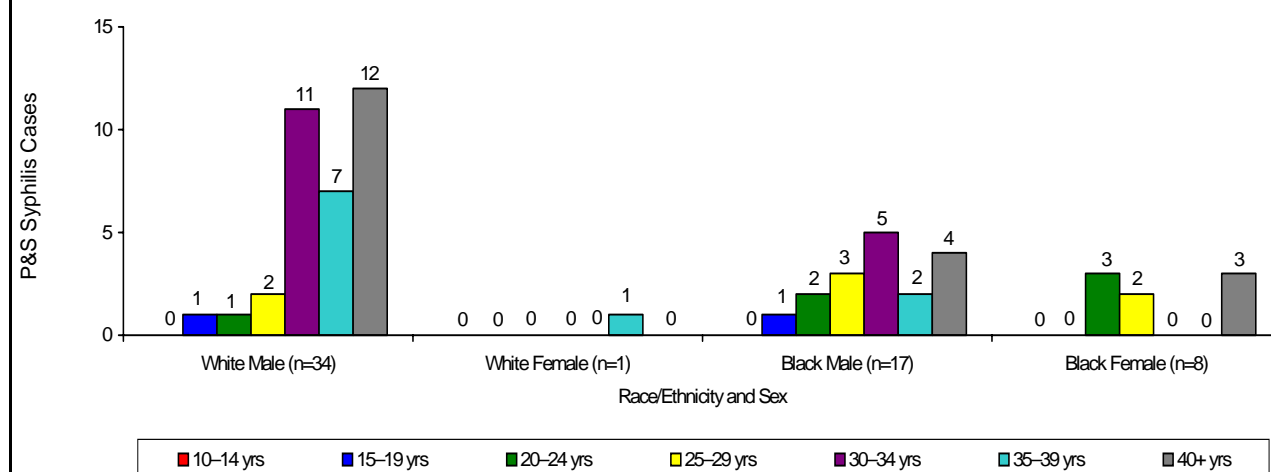
*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may contain Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

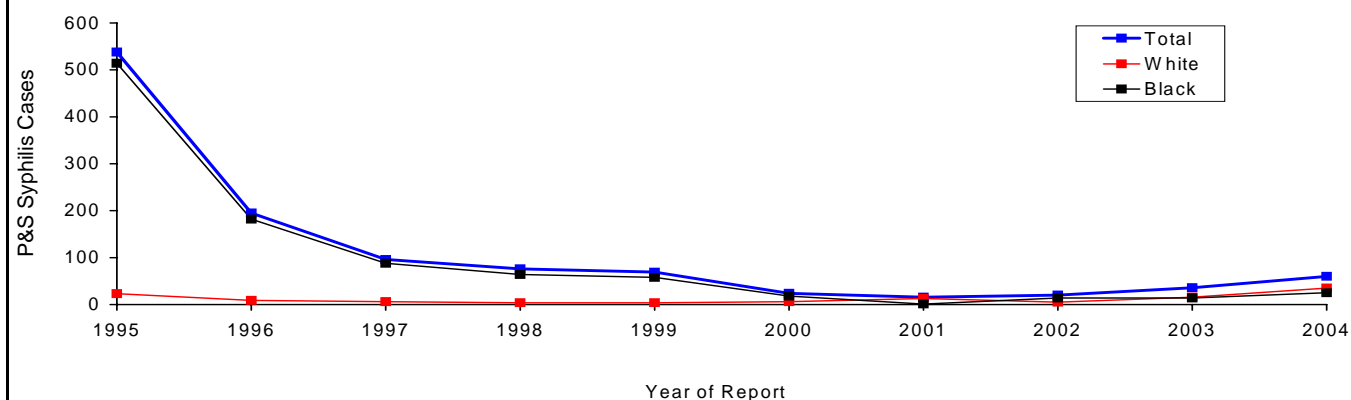
Note: Row percentages are shown. Percentages may not total due to rounding.

- The case rate for Blacks in the St. Louis HIV Region was 2.9 times higher than the case rate for Whites.
- In 2004, St. Louis City reported the highest percentage of cases (78.3%) among all the counties in the St. Louis HIV Region. St. Louis County reported the second highest percentage of cases (13.3%).
- In 2004, the number of primary and secondary syphilis cases reported increased by 24 (66.7%) over the number of cases reported in 2003 in the St. Louis HIV Region.

Figure 3. Reported P&S syphilis cases, by race and sex, by age group, St. Louis HIV Region, 2004

- In 2004, 31.7% of primary and secondary syphilis cases reported were among individuals 40 years old or older.
- The 30 to 34 year old age group contained the next highest percentage of cases reported with 26.7%.

Figure 4. Reported P&S syphilis cases, by race and year of report, St. Louis HIV Region, 2004



- From 1995 to 2001, the number of primary and secondary syphilis cases reported in the St. Louis HIV Region decreased, was stable from 2001 to 2002, then increased in 2003 and 2004.
- The number of cases among Blacks was very similar to the state numbers and higher than the number of cases among Whites from 1995 to 2000.

CHLAMYDIA

Table 3. Reported chlamydia cases and rates, by race and county*, St. Louis HIV Region, 2004

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
St. Louis City	177	4.3%	118.5	2,953	71.5%	1,664.2	4,130	100.0%	1,186.1
St. Louis County	364	9.1%	47.1	2,232	52.4%	1,159.2	4,005	100.0%	394.1
St. Charles County	195	38.5%	73.3	63	15.9%	831.9	506	100.0%	178.2
Jefferson County	164	57.5%	85.5	13	2.7%	970.1	285	100.0%	143.9
Franklin County	84	62.2%	92.3	6	2.3%	681.8	135	100.0%	143.9
Lincoln County	32	56.1%	86.1	5	8.8%	744.0	57	100.0%	146.4
Warren County	23	71.9%	98.6	0	0.0%	0.0	32	100.0%	130.5
ST LOUIS HIV REGION TOTAL	1,039	11.4%	67.9	5,272	57.6%	1,384.0	9,150	100.0%	456.6

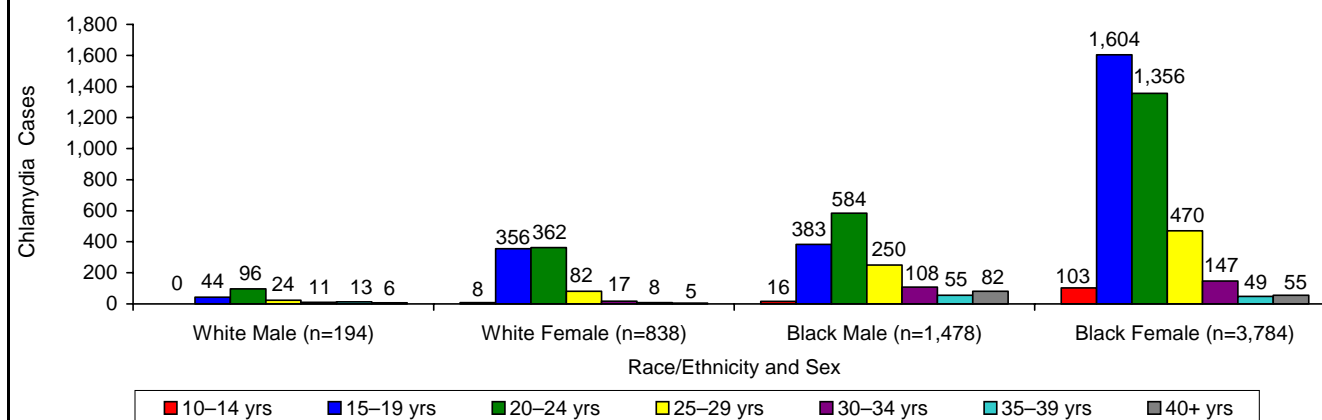
*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding..

- The case rate for Blacks in the St. Louis HIV Region was 20.4 times higher than the case rate for Whites.
- In 2004, St. Louis City reported the highest percentage of cases (45.1%) among all the counties in the St. Louis HIV Region. St. Louis County reported the second highest percentage of cases (43.8%).
- In 2004, the number of chlamydia cases reported increased by 1,588 (21.0%) over the number of cases reported in 2003 in the St. Louis HIV Region.

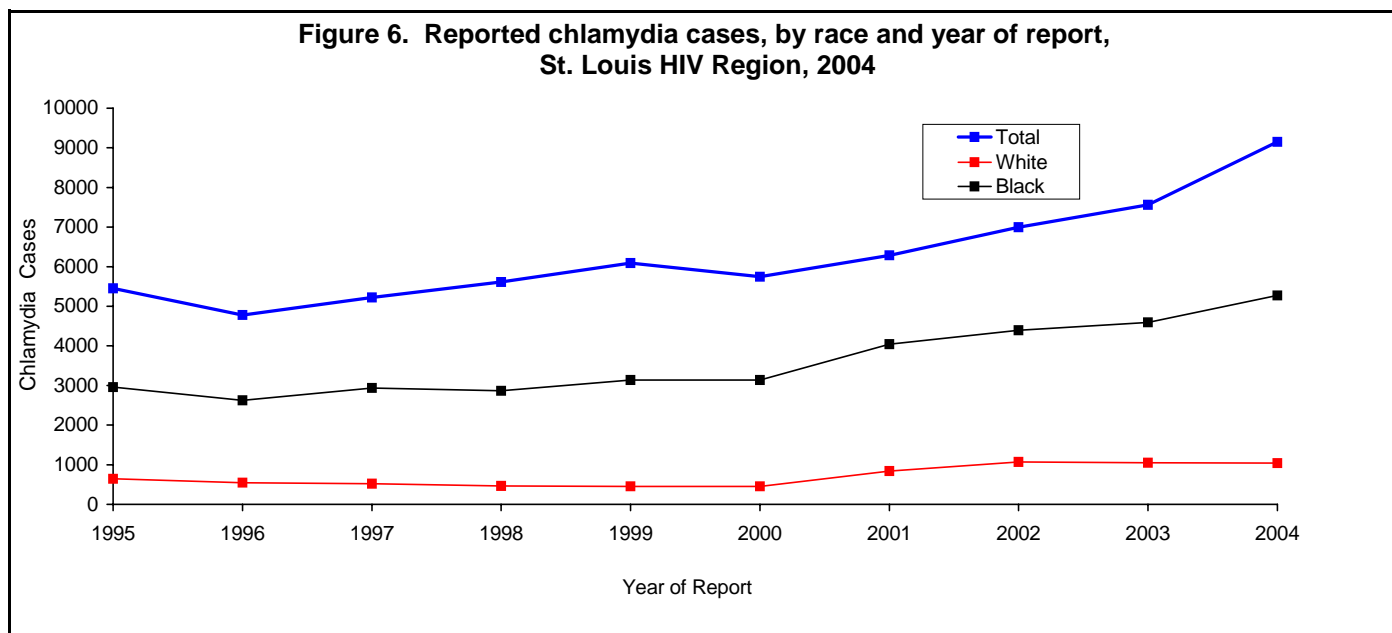
Figure 5. Reported chlamydia cases, by race and sex, by age group, St. Louis HIV Region, 2004

- Figure 5 depicts 6,294 (68.8%) cases with complete information for race, sex, and age of the 9,150 chlamydia cases reported in 2004.

STD Epi Profiles Summary: St. Louis HIV Region

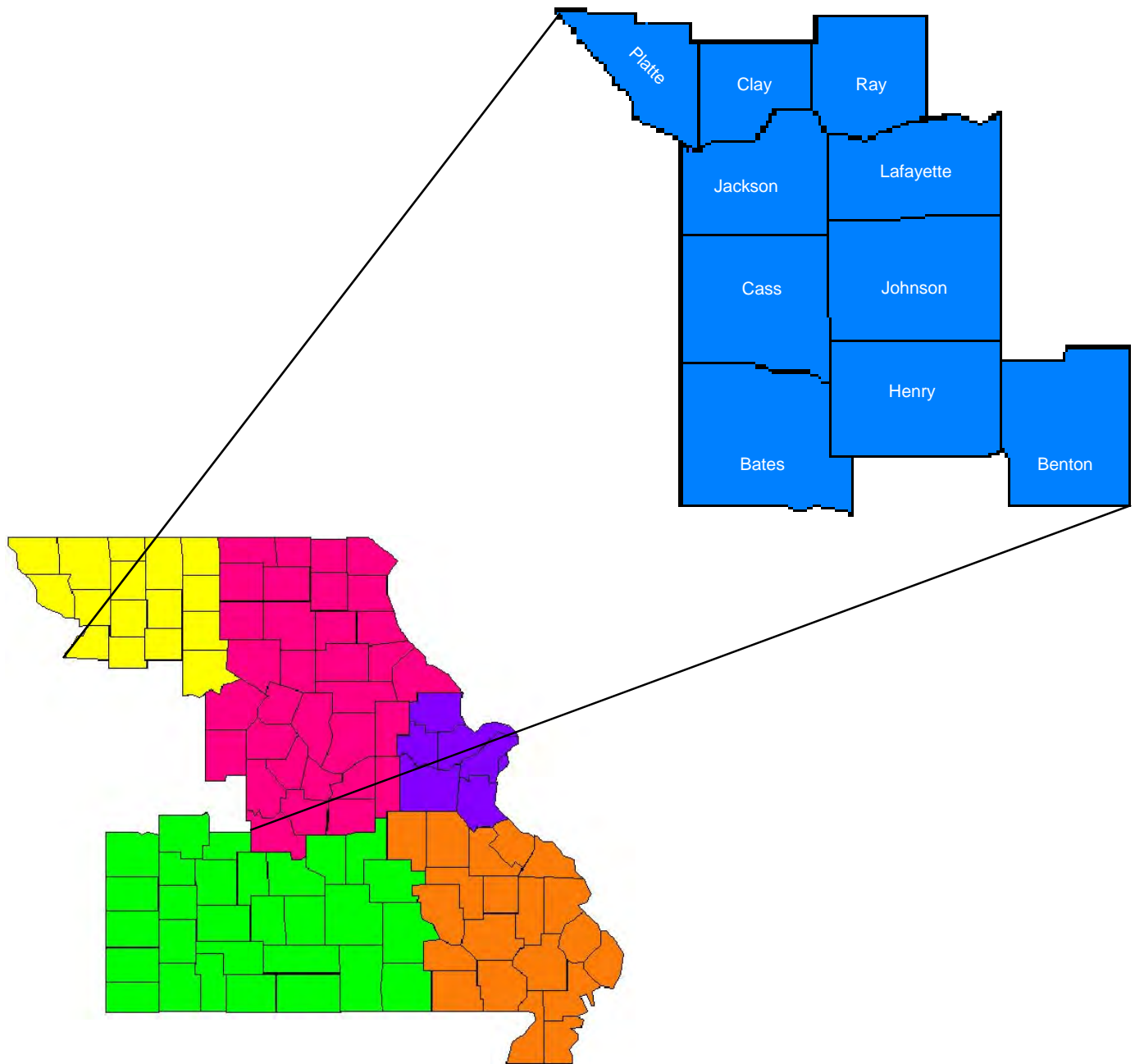
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- When combined, the 15 to 19 and 20 to 24 year old age groups comprise 83.1% of all reported cases among Whites, and 74.6% of all reported cases among Blacks.
- Among Black females, 42.4% of all the cases reported were in the 15 to 19 year old age group, and 35.8% were in the 20 to 24 year old age group.
- Among White females, 43.2% of all the cases reported were in the 20 to 24 year old age group, and 42.5% were in the 15 to 19 year old age group.



- From 1996 through 2004, the number of chlamydia cases reported in the St. Louis HIV Region has increased almost every year.
- The number of cases among Blacks has been higher than the number of cases among Whites and have also increased (on average) since 1996.
- In 2001 and 2002, there was an increase in the number of reported cases among Whites.

KANSAS CITY HIV REGION



2000 population estimates for the Kansas City HIV Region*

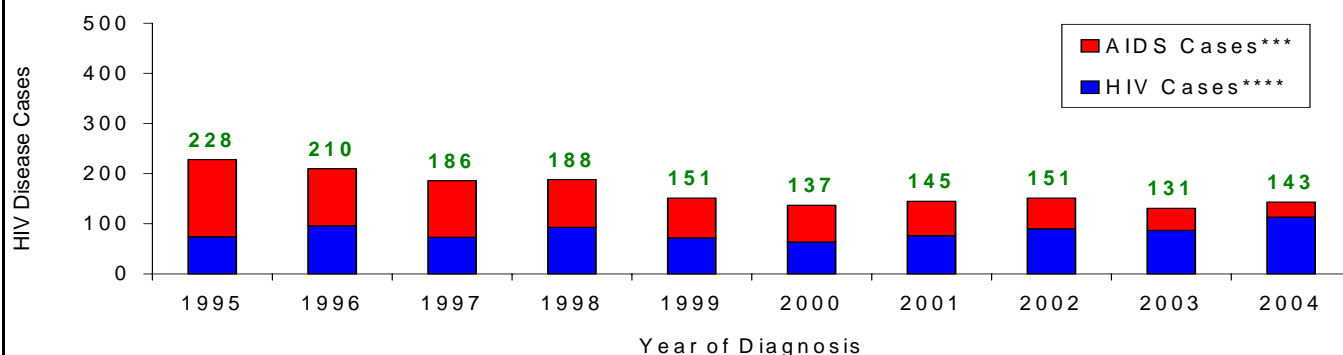
County	White		African American		American Indian		Asian/Pacific Islander		Hispanic		Total**	
Bates County	16,114	96.8%	101	0.6%	89	0.5%	24	0.1%	179	1.1%	16,653	100.0%
Benton County	16,709	97.3%	24	0.1%	89	0.5%	23	0.1%	153	0.9%	17,180	100.0%
Cass County	77,284	94.1%	1,147	1.4%	441	0.5%	413	0.5%	1,816	2.2%	82,092	100.0%
Clay County	166,445	90.5%	4,794	2.6%	798	0.4%	2,611	1.4%	6,594	3.6%	184,006	100.0%
Henry County	21,157	96.2%	212	1.0%	150	0.7%	55	0.3%	201	0.9%	21,997	100.0%
Jackson County	443,427	67.7%	151,333	23.1%	2,775	0.4%	9,400	1.4%	35,160	5.4%	654,880	100.0%
Johnson County	42,803	88.7%	2,064	4.3%	297	0.6%	743	1.5%	1,407	2.9%	48,258	100.0%
Lafayette County	31,290	94.9%	745	2.3%	78	0.2%	89	0.3%	386	1.2%	32,960	100.0%
Platte County	66,230	89.8%	2,542	3.4%	303	0.4%	1,232	1.7%	2,211	3.0%	73,781	100.0%
Ray County	22,384	95.8%	340	1.5%	80	0.3%	44	0.2%	253	1.1%	23,354	100.0%
Region Totals	903,843	78.2%	163,302	14.1%	5,100	0.4%	14,634	1.3%	48,360	4.2%	1,155,161	100.0%

*Based on 2000 US Census Bureau data.

**Totals include persons of Other/Unknown races/ethnicities not listed.

MAGNITUDE AND IMPACT OF THE PROBLEM

Figure 1. HIV disease cases, by current status* and year of diagnosis, Kansas City HIV Region, 1995—2004**



*HIV case vs. AIDS case

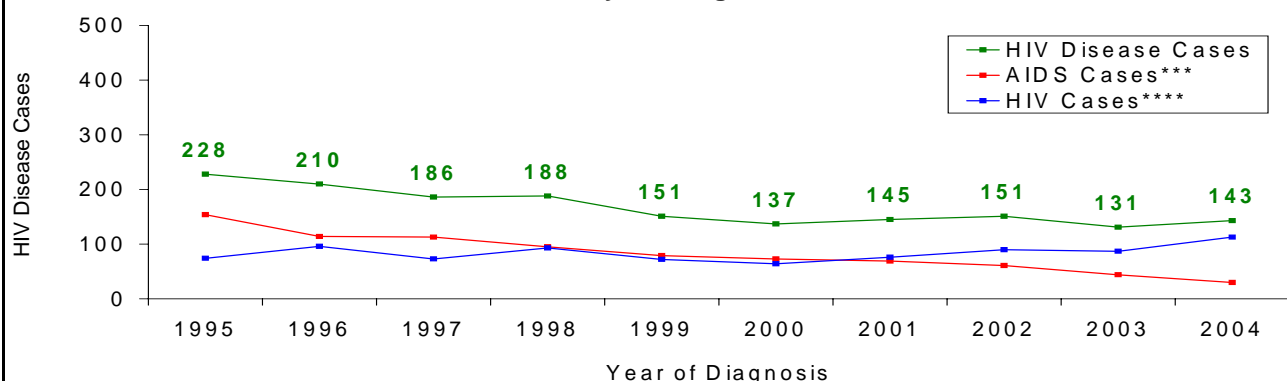
**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they had subsequently come to meet the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- As of December 31, 2004, there were 4,617 cumulative HIV disease cases in the Kansas City HIV Region. Of these, 1,356 were HIV cases, and 3,261 were AIDS cases.
- In 2004, there were 113 new HIV cases and 30 new AIDS cases. This was a 46.8% increase in HIV cases and a 7.1% increase in AIDS cases from the 2003 counts.
- In the Kansas City HIV Region, the number of new HIV disease cases diagnosed in 2004 was 9.2% greater than the number diagnosed in 2003.
- For additional information, refer to the interpretation guidelines.

Figure 2. Reported HIV disease cases, by current status* and year of diagnosis, Kansas City HIV Region, 1995—2004**

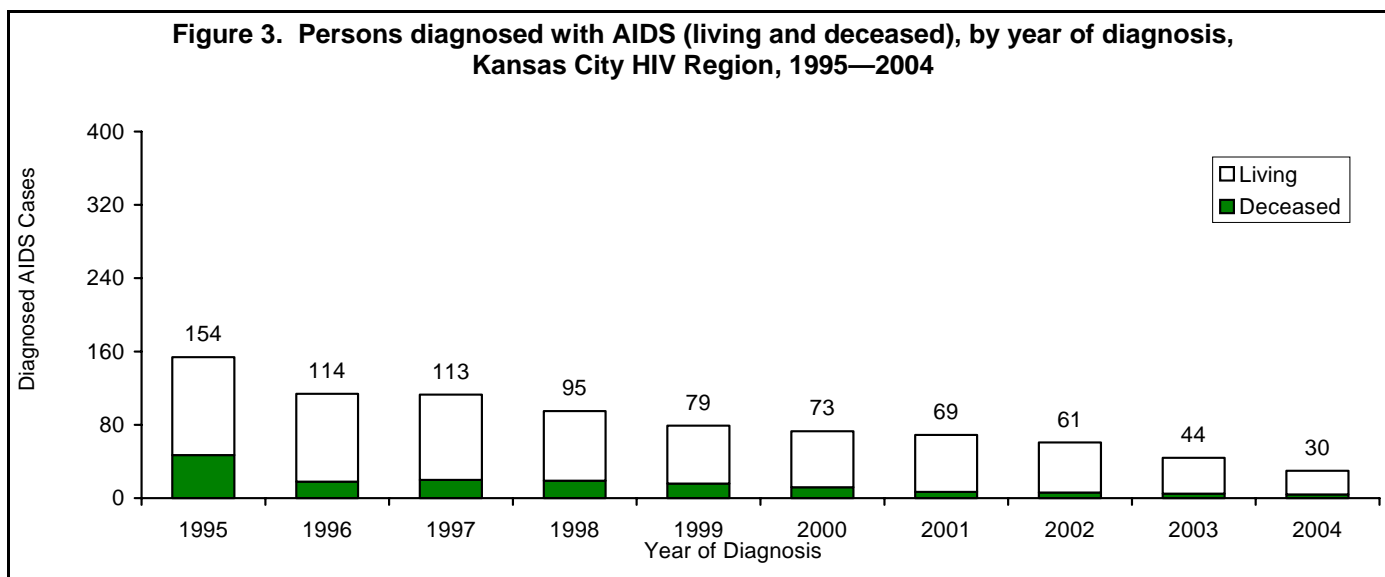


*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented and received by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they had subsequently come to meet the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)



- As of December 31, 2004, there were 3,261 cumulative cases of AIDS in the Kansas City HIV Region. Of these, 1,505 (46%) were still living at the end of the year.
- Four of the 30 persons newly diagnosed with AIDS died in 2004.

WHO

Table 1. Diagnosed HIV, AIDS, and HIV disease cases by sex, by race/ethnicity, by race/ethnicity and sex, Kansas City HIV Region, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	93	82.3%	16.6	25	83.3%	4.5	118	82.5%	21.0
Female	20	17.7%	3.4	5	16.7%	0.8	25	17.5%	4.2
Total	113	100.0%	9.8	30	100.0%	2.6	143	100.0%	12.4
White	59	52.2%	6.5	17	56.7%	1.9	76	53.1%	8.4
Black	41	36.3%	25.1	12	40.0%	7.3	53	37.1%	32.5
Hispanic	2	1.8%	4.1	0	0.0%	0.0	2	1.4%	4.1
Asian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian	0	0.0%	0.0	1	3.3%	19.6	1	0.7%	19.6
Unknown	11	9.7%	N/A	0	0.0%	N/A	11	7.7%	N/A
Total	113	100.0%	9.8	30	100.0%	2.6	143	100.0%	12.4
White Male	55	59.1%	12.5	16	64.0%	3.6	71	60.2%	16.1
Black Male	27	29.0%	35.6	8	32.0%	10.6	35	29.7%	46.2
Hispanic Male	1	1.1%	3.9	0	0.0%	0.0	1	0.8%	3.9
Asian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Male	0	0.0%	0.0	1	4.0%	39.0	1	0.8%	39.0
Unknown	10	10.8%	N/A	0	0.0%	N/A	10	8.5%	N/A
Total	93	100.0%	16.6	25	100.0%	4.5	118	100.0%	21.0
White Female	4	20.0%	0.9	1	20.0%	0.2	5	20.0%	1.1
Black Female	14	70.0%	16.0	4	80.0%	4.6	18	72.0%	20.6
Hispanic Female	1	5.0%	4.4	0	0.0%	0.0	1	4.0%	4.4
Asian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	1	5.0%	N/A	0	0.0%	N/A	1	4.0%	N/A
Total	20	100.0%	3.4	5	100.0%	0.8	25	100.0%	4.2

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2004.

****The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- In 2004, the ratio of new HIV cases to new AIDS cases was 3.8:1; the corresponding ratio in 2003 was 2.8:1.
- Although Blacks made up just 14.1% of the population in the region, 37.1% of the newly diagnosed HIV disease cases were reported within this demographic.

WHERE

Table 2. HIV and AIDS cases and rates, by geographic area, Kansas City HIV Region, 2004 and cumulative* through December 2004

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2004*			Cumulative			Diagnosed 2004			Cumulative		
	Cases	%	Rate**	Cases	%	Rate**	Cases	%	Rate**	Cases	%	Rate**
Kansas City	85	75.2%	19.3	1,112	82.0%	251.9	24	80.0%	5.4	2,672	81.9%	605.3
Jackson County†	19	16.8%	5.7	134	9.9%	40.4	3	10.0%	0.9	346	10.6%	104.2
Clay County†	5	4.4%	5.0	38	2.8%	38.0	0	0.0%	0.0	88	2.7%	88.0
Cass County†	2	1.8%	2.4	18	1.3%	21.9	2	6.7%	2.4	46	1.4%	56.0
Platte County†	1	0.9%	2.6	16	1.2%	40.9	1	3.3%	2.6	27	0.8%	69.0
Remainder of Region†	1	0.9%	0.6	38	2.8%	23.7	0	0.0%	0.0	82	2.5%	51.1
KANSAS CITY HIV REGION TOTAL	113	100.0%	9.8	1,356	100.0%	117.4	30	100.0%	2.6	3,261	100.0%	282.3

*Includes living and deceased cases.

**HIV cases diagnosed and reported to the State during 2004 which remained HIV cases at the end of the year.

***Per 100,000 population based on 2000 US Census Bureau data.

†Outside the limits of Kansas City.

Note: Row percentages are shown. Percentages may not total due to rounding.

- HIV cases were more evenly distributed throughout the region in 2004 compared to 2003; Kansas City accounts for approximately 10% fewer HIV cases in 2004 than the previous year.
- There were more than twice as many new HIV cases in Jackson County in 2004 than in 2003.
- There was a four-case decrease in the number of AIDS cases reported in 2004 from 2003.

Table 3. Diagnosed HIV cases and rates, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2004

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total**		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*
Kansas City	40	47.1%	15.7	35	41.2%	25.6	1	1.2%	3.3	85	100.0%	19.3
Jackson County†	13	68.4%	4.4	5	26.3%	26.5	0	0.0%	0.0	19	100.0%	5.7
Remainder of Region†	6	66.7%	1.7	1	11.1%	13.3	1	11.1%	12.3	9	100.0%	2.4
KANSAS CITY HIV REGION TOTAL	59	52.2%	6.5	41	36.3%	25.1	2	1.8%	4.1	113	100.0%	9.8

*Per 100,000 population based on 2000 US Census Bureau data.

**Total numbers include Other/Unknown cases not listed in columns.

†Outside the limits of Kansas City.

Note: Row percentages are shown. Percentages may not total due to rounding.

- In this region, there was approximately a 73.5% increase in White, Non-Hispanic cases diagnosed with HIV from the previous year. There was a 5.7% decrease in Black, Non-Hispanic cases reported as well.
- In 2003, there were no Hispanic cases diagnosed with HIV; in 2004, there were two new cases.

Table 4. Diagnosed AIDS cases and rates, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2004

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total*		
	Cases	%	Rate**	Cases	%	Rate**	Cases	%	Rate**	Cases	%	Rate**
Kansas City	12	50.0%	4.7	12	50.0%	8.8	0	0.0%	0.0	24	100.0%	5.4
Jackson County†	3	100.0%	1.0	0	0.0%	0.0	0	0.0%	0.0	3	100.0%	0.9
Remainder of Region†	2	66.7%	0.6	0	0.0%	0.0	0	0.0%	0.0	3	100.0%	0.8
KANSAS CITY HIV REGION TOTAL	17	56.7%	1.9	12	40.0%	7.3	0	0.0%	0.0	30	100.0%	2.6

*Total numbers include Other/Unknown cases not listed in columns

**Per 100,000 population based on 2000 US Census Bureau data.

†Outside the limits of Kansas City.

Note: Row percentages are shown. Percentages may not total due to rounding.

- There was a 41.7% (5 case) increase in White, Non-Hispanic cases initially diagnosed with AIDS between 2003 and 2004. There was a 20% decrease in Black, Non-Hispanic cases reported from 2003 to 2004.
- In addition, one Hispanic case was initially diagnosed with AIDS in 2003, and there were no Hispanic cases initially diagnosed with AIDS in 2004.

Table 5. AIDS cases, by county, Kansas: four counties in the Kansas City Metropolitan Statistical Area, cumulative through December 2004

County	Cumulative AIDS cases	
	Cases	%
Johnson	446	46.6%
Leavenworth	80	8.4%
Miami	7	0.7%
Wyandotte	424	44.3%
TOTAL	957	100.0%
Note: Percentages may not total due to rounding.		

Table 6. AIDS cases, by exposure category, Kansas: four counties* in the Kansas City Metropolitan Statistical Area, cumulative through December 2004

Exposure Category	Cumulative AIDS cases	
	Cases	%
Adult/Adolescent		
Men who have sex with men	597	62.7%
Men who have sex with men and Inject drugs	74	7.8%
Injecting drug use	84	8.8%
Heterosexual contact	98	10.3%
Hemophilia/coagulation disorder	18	2.1%
Blood transfusion or tissue recipient	19	2.0%
No indicated risk	62	6.5%
ADULT/ADOLESCENT SUBTOTAL	952	100.0%
Pediatric (<13 years old)		
Mother with/at risk of HIV infection	4	80.0%
Other/Unknown	1	20.0%
PEDIATRIC SUBTOTAL	5	100.0%
TOTAL	957	

*Johnson, Leavenworth, Miami, and Wyandotte counties in Kansas.

Note: Percentages may not total due to rounding.

Table 7. AIDS cases, by sex, by race/ethnicity, by age group, Kansas: four counties* in the Kansas City Metropolitan Statistical Area, cumulative through December 2004

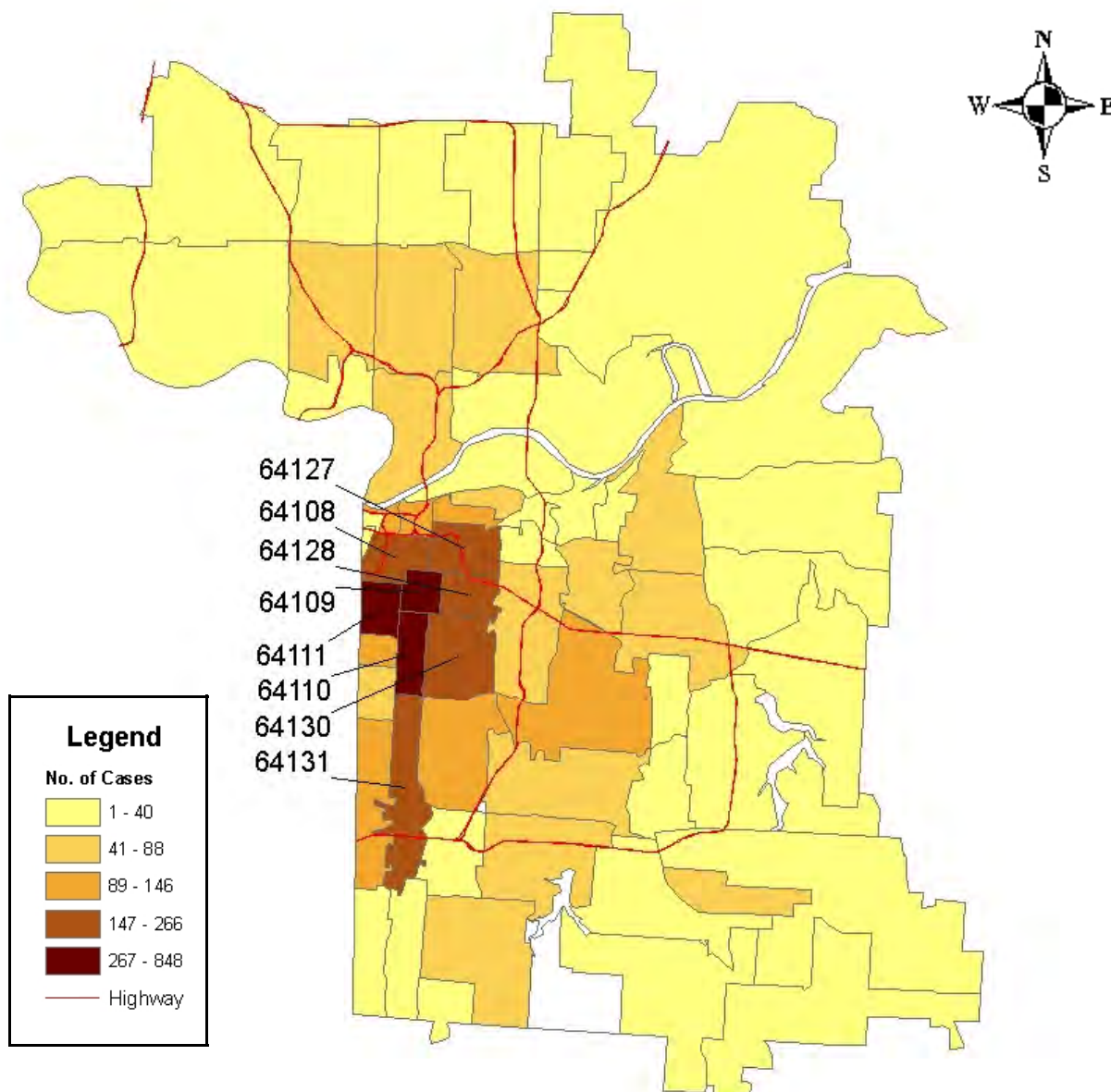
	Cumulative AIDS cases	
	Cases	%
Sex		
Males	867	90.6%
Females	90	9.4%
Race/ethnicity		
White	658	68.8%
Black	203	21.2%
Hispanic	81	8.5%
Other/Unknown	15	1.6%
Age group		
<13	4	0.4%
13-19	7	0.6%
20-29	207	21.6%
30-39	404	42.2%
40-49	229	23.9%
>49	106	11.1%
TOTAL	957	

*Johnson, Leavenworth, Miami, and Wyandotte counties in Kansas.

Note: Percentages may not total due to rounding.

- Tables 5, 6, and 7 represent cumulative data for the AIDS cases reported in the four Kansas counties that are part of the Kansas City Metropolitan Statistical Area. The State of Kansas does not require reporting of HIV cases.

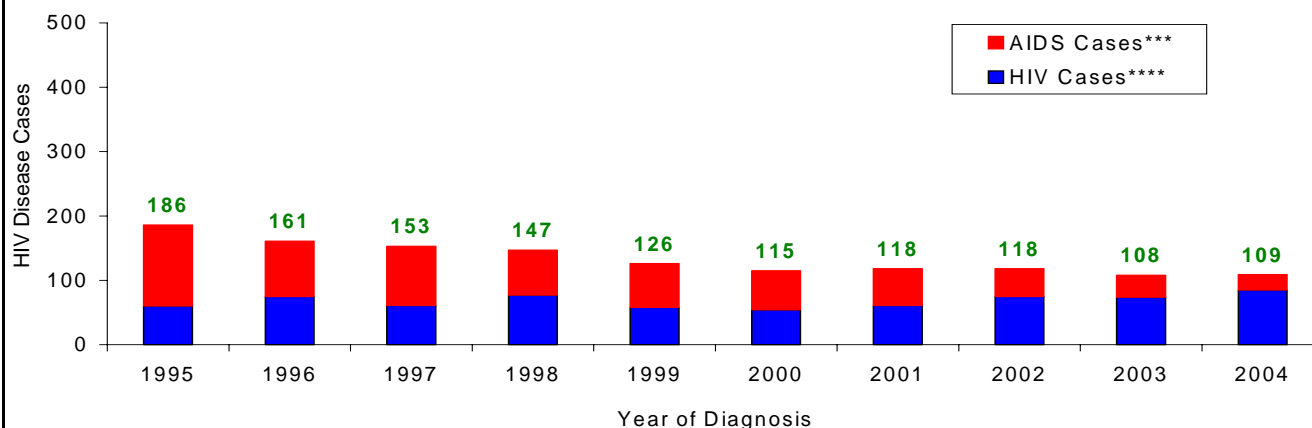
Figure 4. Number of cumulative cases, by zip code of residence at diagnosis, selected Kansas City zip codes, 1982—2004



This map is a graphical representation of the cumulative number of individuals (living and deceased) who have been diagnosed with HIV disease by their reported residential zip code at the time of diagnosis.

- The three zip codes containing the highest concentration of cases were located in Kansas City, namely the zip codes 64109, 64110, and 64111. These three zip codes accounted for 34.7% of the cumulative cases diagnosed in this region.

Figure 5. HIV disease cases, by current status* and year of diagnosis, Kansas City, 2004**



*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they had subsequently come to meet the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases, and have remained HIV cases. (They have not met the case definition for AIDS)

- As seen in the Kansas City HIV Region, there was not much difference in the number of AIDS cases reported between 2003 and 2004: a 9.1% increase. However, there was a 30.8% increase in the number of HIV cases diagnosed in the region.
- For additional information, refer to the interpretation guidelines.

Table 8. HIV and AIDS cases with exposure category assignments for NIRs, Kansas City*, 2004 and cumulative (1982-2004)

Exposure Category	HIV cases				AIDS cases			
	2004**		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	72	84.7%	797	72.1%	12	50.0%	1,980	74.4%
Men who have sex with men and inject drugs	0	0.0%	78	7.1%	3	12.5%	321	12.1%
Injecting drug use	2	2.4%	83	7.5%	5	20.8%	173	6.5%
Heterosexual contact	11	12.9%	144	13.0%	4	16.7%	164	6.2%
Hemophilia/coagulation disorder	0	0.0%	2	0.2%	0	0.0%	10	0.4%
Blood transfusion or tissue recipient	0	0.0%	1	0.1%	0	0.0%	15	0.6%
No indicated risk	----	-----	-----	-----	----	-----	-----	-----
ADULT/ADOLESCENT SUBTOTAL	85	100.0%	1,105	100.0%	24	100.0%	2,663	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	7	100.0%	0	0.0%	9	100.0%
TOTAL	85		1,112		24		2,672	

*This data is for the city of Kansas City only. For data representing the entire region, see the end of this section.

**HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

- In 2004, 46 (54.1%) of the HIV cases and 12 (50%) of the AIDS cases diagnosed in Kansas City residents were classified as "No Indicated Risk".

EXPOSURE CATAGORIES

Men Who Have Sex with Men (MSM)

Table 9. Incidence and prevalence of HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Kansas City HIV Region, 2004

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	29	65.9%	469	62.7%	7	77.8%	677	68.7%
Black	13	29.5%	233	31.1%	2	22.2%	263	26.7%
Hispanic	1	2.3%	35	4.7%	0	0.0%	36	3.7%
Other/Unknown	1	2.3%	11	1.5%	0	0.0%	10	1.0%
KANSAS CITY HIV REGION TOTAL	44	100.0%	748	100.0%	9	100.0%	986	100.0%

*HIV cases reported during 2004 which remained HIV cases at the end of the year.
 **Does not include HIV cases that progressed to AIDS.
 Note: Percentages may not total due to rounding.

- There was a 141.7% increase in White, Non-Hispanic MSM diagnosed with HIV from 2003 to 2004. Similarly, there was a 75% increase in White, Non-Hispanic MSM diagnosed with AIDS from 2003 to 2004.
- The number of Black, Non-Hispanic MSM diagnosed with HIV decreased 23.5%, and those diagnosed with AIDS decreased 71.4% from 2003 to 2004.
- There was one Hispanic MSM diagnosed with HIV in 2004, whereas, there were no Hispanic MSM cases in 2003.

Table 10. HIV prevalence in men who have sex with men, by selected race/ethnicity, by age group, Kansas City HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	4	0.9%	6	2.6%	0	0.0%	11	1.5%
19-24	67	14.3%	55	23.6%	5	14.3%	129	17.2%
25-44	359	76.5%	154	66.1%	27	77.1%	547	73.1%
45-64	39	8.3%	18	7.7%	3	8.6%	61	8.2%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%
KANSAS CITY HIV REGION TOTAL	469	100.0%	233	100.0%	35	100.0%	748	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.
 **Percentage of race/ethnicity in each age group.
 ***Percentage of cases per age group.
 Note: Percentages may not total due to rounding.

- Consistent with trends from previous years, the 25-44 age group represents the largest number of living MSM HIV cases.
- The rates for living MSM in the region for the age groups 19-24 and 25-44 were 289.7 and 311.7, respectively.

Table 11. HIV prevalence in men who have sex with men, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2004

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Kansas City	366	57.7%	227	35.8%	32	5.0%	634	84.8%
Jackson County†	56	87.5%	5	7.8%	2	3.1%	64	8.6%
Clay County†	19	95.0%	0	0.0%	1	5.0%	20	2.7%
Cass County†	11	100.0%	0	0.0%	0	0.0%	11	1.5%
Remaining Counties†	17	89.5%	1	5.3%	0	0.0%	19	2.5%
KANSAS CITY HIV REGION TOTAL	469	62.7%	233	31.1%	35	4.7%	748	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

†Outside the limits of Kansas City.

Note: Percentages may not total due to rounding.

- Among White MSM diagnosed with HIV who were still alive at the end of 2004, 78% were living in Kansas City when diagnosed, 11.9% were living in Jackson County, 4.1% were living in Clay County, 2.3% were living in Cass County, and 3.6% were living in the remaining counties in the Kansas City HIV Region.
- Among Black MSM diagnosed with HIV who were still alive at the end of 2004, 97.4% were living in Kansas City when diagnosed, 2.1% were living in Jackson County, and 0.4% were living in the remaining counties of the region.
- Among Hispanic MSM diagnosed with HIV who were still alive at the end of 2004, 91.4% were living in Kansas City when diagnosed, 5.7% were living in Jackson County, and 2.9% were living in Clay County.
- The above percentages are consistent with demographic distributions observed in previous years.

Men Who Have Sex with Men and Inject Drugs (MSM/IDU)**Table 12. Incidence and prevalence of HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, Kansas City HIV Region, 2004**

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	0	0.0%	54	74.0%	2	66.7%	100	65.4%
Black	0	0.0%	15	20.5%	1	33.3%	46	30.1%
Hispanic	0	0.0%	4	5.5%	0	0.0%	5	3.3%
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	2	1.3%
KANSAS CITY HIV REGION TOTAL	0	--	73	100.0%	3	100.0%	153	100.0%

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- In 2003, there was one HIV case and no AIDS cases who reported this likely mode of transmission; however, in 2004 there were no HIV cases and three AIDS cases reported with this mode of transmission.

Table 13. HIV prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, by age group, Kansas City HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	1	1.9%	0	0.0%	0	0.0%	1	1.4%
19-24	6	11.1%	0	0.0%	1	25.0%	7	9.6%
25-44	44	81.5%	15	100.0%	2	50.0%	61	83.6%
45-64	3	5.6%	0	0.0%	1	25.0%	4	5.5%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%
KANSAS CITY HIV REGION TOTAL	54	100.0%	15	100.0%	4	100.0%	73	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- The vast majority of the living MSM/IDU HIV cases were aged 25-44 at the time of diagnosis.

Table 14. HIV prevalence in men who have sex with men and inject drugs, by selected race, by geographic area, Kansas City HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
Kansas City	40	67.8%	15	25.4%	59	80.8%
Jackson County†	9	100.0%	0	0.0%	9	12.3%
Clay County†	3	100.0%	0	0.0%	3	4.1%
Remaining Counties†	2	100.0%	0	0.0%	2	2.7%
KANSAS CITY HIV REGION TOTAL	54	74.0%	15	20.5%	73	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each area.

***Percentage of cases per area.

†Outside the limits of Kansas City.

Note: Percentages may not total due to rounding.

- Among White MSM/IDU diagnosed with HIV who were still alive at the end of 2004, 74.1% were living in Kansas City when diagnosed, 16.7% were living in Jackson County, 5.5% were living in Clay County, and 3.7% were living in the remaining counties of the Kansas City HIV Region.
- All of the Black MSM/IDU diagnosed with HIV who were still alive at the end of 2004 were living in Kansas City when diagnosed.
- In 2003, one Black MSM/IDU resided outside of Kansas City; however, the remainder resided within Kansas City.
- Compared to 2003, there was a slight decrease in the number of living MSM/IDU HIV cases diagnosed in Kansas City residents and a slight increase in those diagnosed in Jackson County.

Injecting Drug Users (IDU)

Table 15. Incidence and prevalence of HIV and AIDS cases in injecting drug users, by selected race and sex, Kansas City HIV Region, 2004

Race and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	1	50.0%	27	34.6%	2	66.7%	24	24.0%
Black Male	0	0.0%	24	30.8%	1	33.3%	29	29.0%
White Female	0	0.0%	8	10.3%	0	0.0%	18	18.0%
Black Female	1	50.0%	13	16.7%	0	0.0%	21	21.0%
KANSAS CITY HIV REGION TOTAL	2	100.0%	78	100.0%	3	100.0%	100	100.0%

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- In 2003, there were no new IDU HIV cases and only one new IDU AIDS case. In 2004, there were two new IDU HIV cases and three new IDU AIDS cases.

Table 16. HIV prevalence in injecting drug users, by selected race, by age group, Kansas City HIV Region, 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	0	0.0%
19-24	2	5.7%	4	10.8%	6	7.7%
25-44	29	82.9%	27	73.0%	62	79.5%
45-64	4	11.4%	6	16.2%	10	12.8%
65+	0	0.0%	0	0.0%	0	0.0%
KANSAS CITY HIV REGION TOTAL	35	100.0%	37	100.0%	78	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns. .

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- As seen in previous years, the 25-44 age group had the largest number of living IDU HIV cases.

Table 17. HIV prevalence in injecting drug users, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2004

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Kansas City	22	35.5%	35	56.5%	5	8.1%	62	79.5%
Jackson County†	6	85.7%	1	14.3%	0	0.0%	7	9.0%
Clay County†	1	50.0%	0	0.0%	1	50.0%	2	2.6%
Remaining Counties†	6	85.7%	1	14.3%	0	0.0%	7	9.0%
KANSAS CITY HIV REGION TOTAL	35	44.9%	37	47.4%	6	7.7%	78	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

†Outside the limits of Kansas City.

Note: Percentages may not total due to rounding.

- Among White IDU diagnosed with HIV who were still alive at the end of 2004, 62.9% were living in Kansas City when diagnosed, 17.1% were living in Jackson County, 2.9% were living in Clay County, and 17.1% were living in the remaining counties of the Kansas City HIV Region.
- Among Black IDU diagnosed with HIV who were still alive at the end of 2004, 94.6% were living in Kansas City when diagnosed, 2.7% were living in Jackson County, and 2.7% were living in the remaining counties of the region.
- Among Hispanic IDU diagnosed with HIV who were still alive at the end of 2004, 83.3% were living in Kansas City when diagnosed, and 16.7% were living in Clay County.
- There was very little change in the geographic distribution of living IDU HIV cases throughout the Kansas City HIV Region as compared to 2003.

Heterosexual Contacts

Table 18. Incidence and prevalence of HIV and AIDS cases in heterosexual contacts, by selected race and sex, Kansas City HIV Region, 2004

Race and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	2	1.6%	0	0.0%	6	4.8%
Black Male	0	0.0%	9	7.0%	0	0.0%	13	10.4%
White Female	2	40.0%	49	38.3%	1	100.0%	38	30.4%
Black Female	3	60.0%	63	49.2%	0	0.0%	62	49.6%
KANSAS CITY HIV REGION TOTAL	5	100.0%	128	100.0%	1	100.0%	125	100.0%

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- Consistent with 2003, of those who indicated heterosexual risk of HIV infection, there were no newly diagnosed HIV disease cases reported in males.

Table 19. HIV prevalence in heterosexual contacts, by selected race and sex, by age group, Kansas City HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	1	11.1%	3	6.1%	5	7.9%	9	7.0%
19-24	0	0.0%	2	22.2%	16	32.7%	13	20.6%	32	25.0%
25-44	1	50.0%	5	55.6%	26	53.1%	41	65.1%	77	60.2%
45-64	1	50.0%	1	11.1%	4	8.2%	4	6.3%	10	7.8%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
KANSAS CITY HIV REGION TOTAL	2	100.0%	9	100.0%	49	100.0%	63	100.0%	128	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- The largest number of living heterosexual HIV cases was in the 25-44 age group; this is consistent with trends from previous years.
- Additionally, the largest number of living heterosexual HIV cases was in females. This was also consistent with the trends observed in previous years.

Table 20. HIV prevalence in heterosexual contacts, by selected race, by geographic area, Kansas City HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
Kansas City	29	29.6%	65	66.3%	98	76.6%
Jackson County†	6	50.0%	5	41.7%	12	9.4%
Clay County†	4	100.0%	0	0.0%	4	3.1%
Remaining Counties†	12	85.7%	2	14.3%	14	10.9%
KANSAS CITY HIV REGION TOTAL	51	39.8%	72	56.3%	128	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each area.

***Percentage of cases per area.

†Outside the limits of Kansas City.

Note: Percentages may not total due to rounding.

- Among Whites diagnosed with HIV who reported heterosexual contact as their likely mode of transmission and were still alive at the end of 2004, 56.9% were living in Kansas City when diagnosed, 11.8% were living in Jackson County, 7.8% were living in Clay County, and 23.5% were living in the remaining counties of the Kansas City HIV Region.
- Among Blacks diagnosed with HIV who reported heterosexual contact as their mode of transmission and were still alive at the end of 2004, 90.3% were living in Kansas City when diagnosed, 6.9% were living in Jackson County, and 2.8% were living in the remaining counties of the region.
- There was a slight decrease in the number of living heterosexual HIV cases in Kansas City and a slight increase observed in Jackson County.

Table 21. HIV and AIDS cases with exposure category assignments for NIRs, Kansas City HIV Region, 2004 and cumulative (1982-2004)

Exposure Category	HIV cases				AIDS cases			
	2004*		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	92	81.4%	946	70.5%	15	50.0%	2,394	73.7%
Men who have sex with men and inject drugs	0	0.0%	97	7.2%	5	16.7%	380	11.7%
Injecting drug use	6	5.3%	104	7.7%	5	16.7%	217	6.7%
Heterosexual contact	15	13.3%	189	14.1%	5	16.7%	208	6.4%
Hemophilia/coagulation disorder	0	0.0%	5	0.4%	0	0.0%	24	0.7%
Blood transfusion or tissue recipient	0	0.0%	1	0.1%	0	0.0%	26	0.8%
No indicated risk	----	-----	-----	-----	----	-----	-----	-----
ADULT/ADOLESCENT SUBTOTAL	113	100.0%	1,342	100.0%	30	100.0%	3,249	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	14	100.0%	0	0.0%	12	100.0%
TOTAL	113		1,356		30		3,261	

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

- In 2004, 62 (54.9%) of the HIV cases and 14 (46.7%) of the AIDS cases diagnosed in the Kansas City HIV Region were classified as "No Indicated Risk".

GONORRHEA**Table 1. Reported gonorrhea cases and rates, by race and county*, Kansas City HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Kansas City	250	9.7%	93.3	2,019	78.7%	1,464.4	2,566	100.0%	581.3
Jackson County [†]	91	33.6%	31.0	117	43.2%	619.8	271	100.0%	81.6
Clay County [†]	37	47.4%	40.0	21	26.9%	1,079.1	78	100.0%	78.0
Johnson County	15	35.7%	35.0	22	52.4%	1,065.9	42	100.0%	87.0
Cass County	18	51.4%	23.3	7	20.0%	610.3	35	100.0%	42.6
Platte County [†]	7	46.7%	19.4	4	26.7%	428.7	15	100.0%	38.3
Lafayette County	5	83.3%	16.0	0	0.0%	0.0	6	100.0%	18.2
Bates County	1	25.0%	6.2	1	25.0%	990.1	4	100.0%	24.0
Henry County	2	50.0%	9.5	1	25.0%	471.7	4	100.0%	18.2
Ray County	1	25.0%	4.5	1	25.0%	294.1	4	100.0%	17.1
Benton County	1	50.0%	6.0	0	0.0%	0.0	2	100.0%	11.6
KANSAS CITY HIV REGION TOTAL	428	14.1%	47.4	2,193	72.4%	1,342.9	3,027	100.0%	262.0

*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

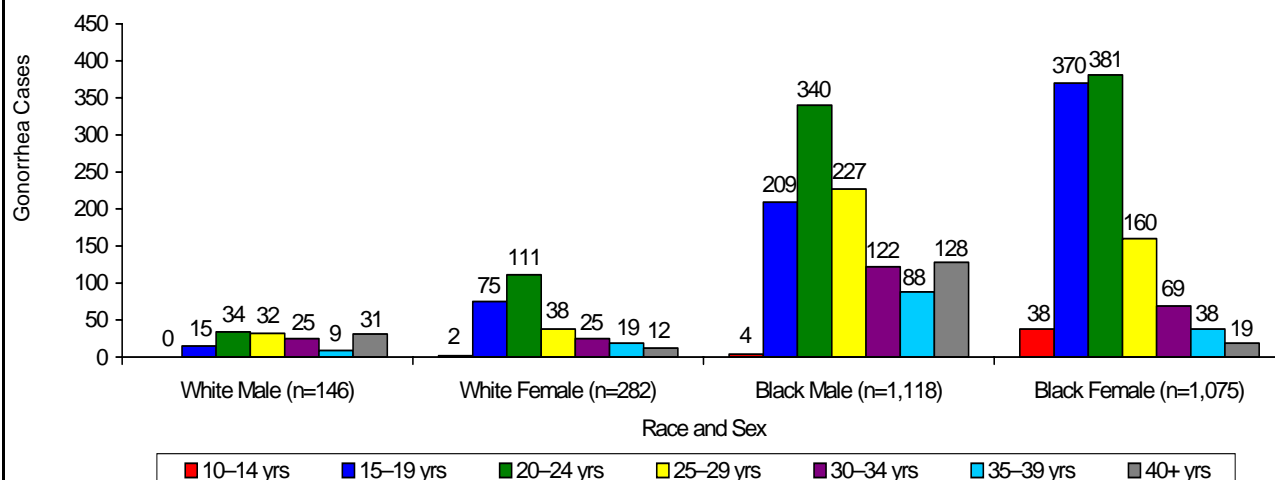
***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

[†]Outside the limits of Kansas City.

Note: Row percentages are shown. Percentages may not total due to rounding.

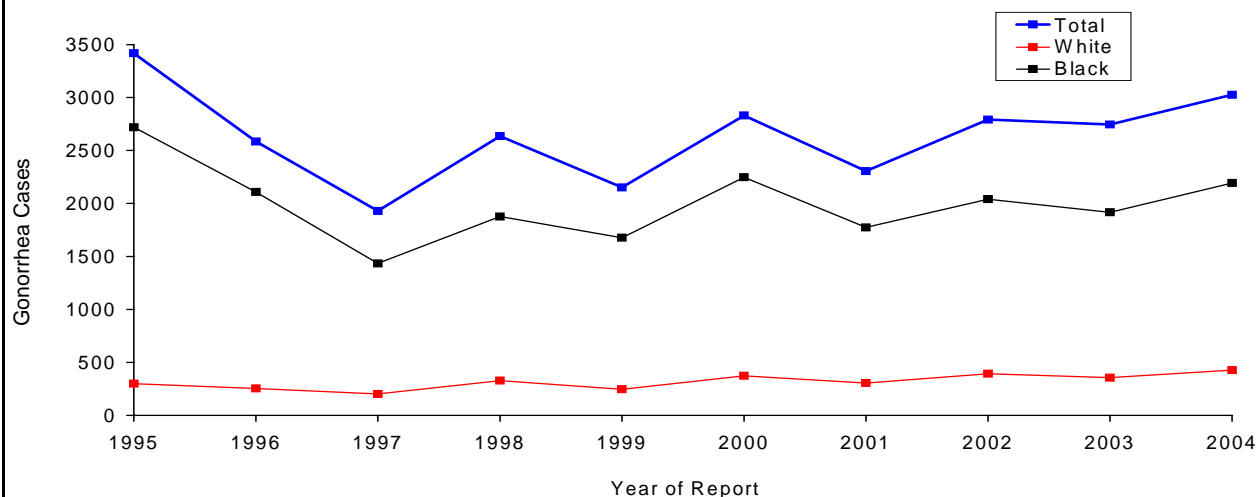
- The case rate for Blacks in the Kansas City HIV Region was 28.3 times higher than the case rate for Whites.
- In 2004, Kansas City reported the highest percentage of cases (84.8%) among all the counties in the Kansas City HIV Region. Jackson County reported the second highest percentage of cases (9.0%).
- In 2004, the number of gonorrhea cases reported increased by 282 (10.3%) over the number of cases reported in 2003 in the Kansas City HIV Region.

Figure 1. Reported gonorrhea cases, by race and sex, by age group, Kansas City HIV Region, 2004



- Figure 1 depicts 2,621 (86.6%) cases with complete information for race, sex, and age of the 3,027 gonorrhea cases reported in 2004.
- In the four specific groups depicted, the highest percentage (33.0%) of cases reported were in individuals 20 to 24 years old.
- The 15 to 19 year old age group has the second highest percentage (25.5%) of cases reported.
- In the 10 to 14 year old age group, Blacks comprised 1.9% of reported cases.
- In the 40 and over age group, Black males comprised 11.4% of reported cases.

Figure 2. Reported gonorrhea cases, by race and year of report, Kansas City HIV Region, 2004



- Over the past ten years, the number of gonorrhea cases reported in the Kansas City HIV Region has fluctuated, but overall has demonstrated an increase since 1997.
- The trend in the number of cases among Blacks has been very similar to the fluctuations in the state numbers.
- The number of cases among Whites was relatively stable from year to year, but on average have increased from 1997 through 2004.

PRIMARY AND SECONDARY (P&S) SYPHILIS

Table 2. Reported P&S syphilis cases and rates, by race and county*, Kansas City HIV Region, 2004

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Kansas City	18	78.3%	6.7	5	21.7%	3.6	23	100.0%	5.2
Jackson County [†]	2	100.0%	0.7	0	0.0%	0.0	2	100.0%	0.6
Clay County [†]	1	100.0%	1.1	0	0.0%	0.0	1	100.0%	1.0
KANSAS CITY HIV REGION TOTAL	21	80.8%	2.3	5	19.2%	3.1	26	100.0%	2.3

*Counties that have a zero case count for 2004 are not listed in the table.

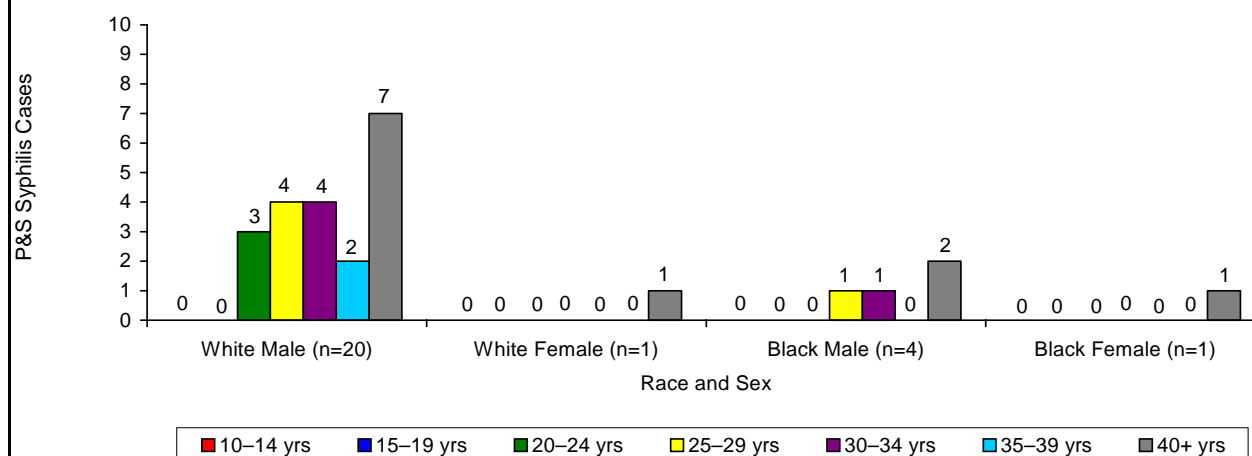
**Totals may include Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

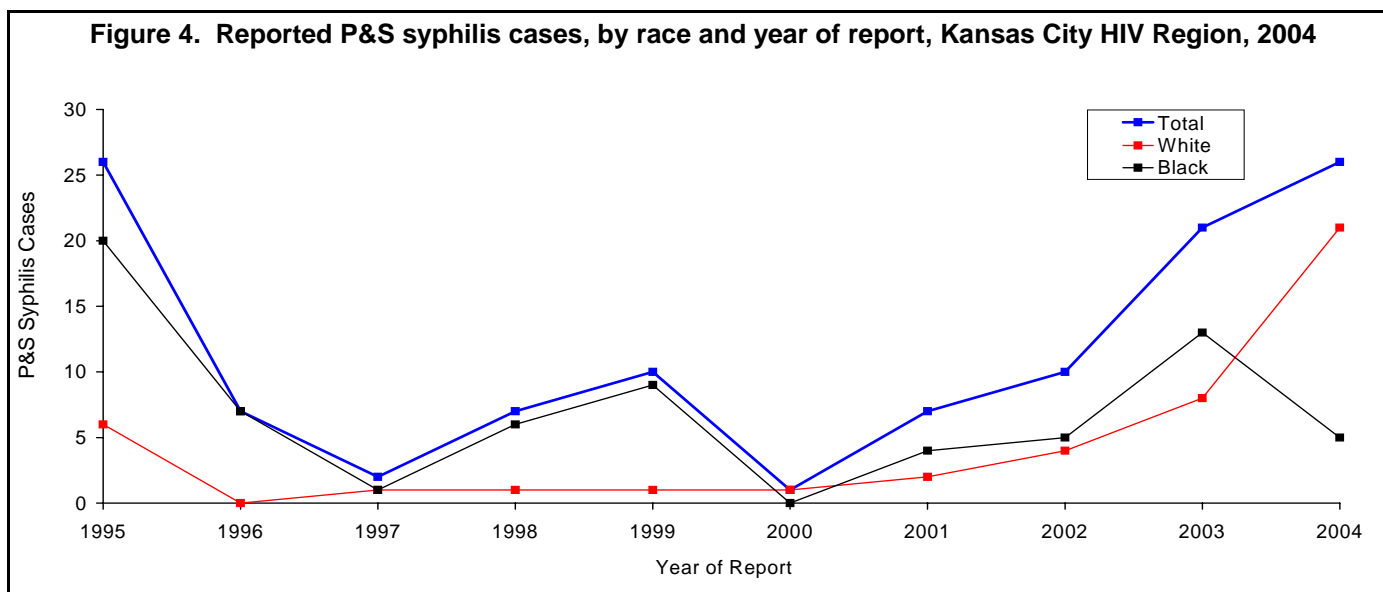
[†]Outside the limits of Kansas City.

Note: Row percentages are shown. Percentages may not total due to rounding.

- The case rate for Blacks in the Kansas City HIV Region was 1.3 times higher than the case rate for Whites.
- In 2004, Kansas City reported the highest percentage of cases (88.5%) among all the counties in the Kansas City HIV Region. Jackson County reported the second highest percentage of cases (7.7%). From 2003 to 2004, the number of primary and secondary syphilis cases reported increased in the Kansas City HIV Region.

Figure 3. Reported P&S syphilis cases, by race and sex, by age group, Kansas City HIV Region, 2004

- In the Kansas City HIV Region, 42.3% of primary and secondary syphilis cases reported in 2004 were among individuals 40 years old or older.
- The 25 to 29 and 30 to 34 year old age groups contained the next highest percentage of cases reported with 19.2% each.



- Over the past ten years, the number of primary and secondary syphilis cases reported in the Kansas City HIV Region has fluctuated between low numbers in 1997 and 2000 to high numbers in 1995 and 2004.
- The number of cases among Blacks in 2004 were similar to the state yearly trends from 1995 to 2000.
- The number of cases among Whites were low and fairly stable from 1996 through 2000. In 2001, the number of cases among Whites began increasing and set a ten year high in 2004.

CHLAMYDIA**Table 3. Reported chlamydia cases and rates, by race and county*, Kansas City HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Kansas City	602	13.7%	224.7	2,883	65.7%	2,091.1	4,385	100.0%	993.3
Jackson County†	424	48.8%	144.6	234	27.0%	1,239.5	868	100.0%	261.4
Clay County†	187	52.5%	202.3	43	12.1%	2,209.7	356	100.0%	356.0
Johnson County	111	52.6%	259.3	50	23.7%	2,422.5	211	100.0%	437.2
Cass County	97	56.7%	125.5	14	8.2%	1,220.6	171	100.0%	208.3
Platte County†	38	63.3%	105.5	7	11.7%	750.3	60	100.0%	153.2
Lafayette County	41	77.4%	131.0	2	3.8%	268.5	53	100.0%	160.8
Benton County	17	68.0%	101.7	0	0.0%	0.0	25	100.0%	145.5
Bates County	13	56.5%	80.7	2	8.7%	1,980.2	23	100.0%	138.2
Henry County	19	82.6%	89.8	0	0.0%	0.0	23	100.0%	104.6
Ray County	15	65.2%	67.0	0	0.0%	0.0	23	100.0%	98.5
KANSAS CITY HIV REGION TOTAL	1,564	25.2%	173.0	3,235	52.2%	1,981.0	6,198	100.0%	536.5

*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

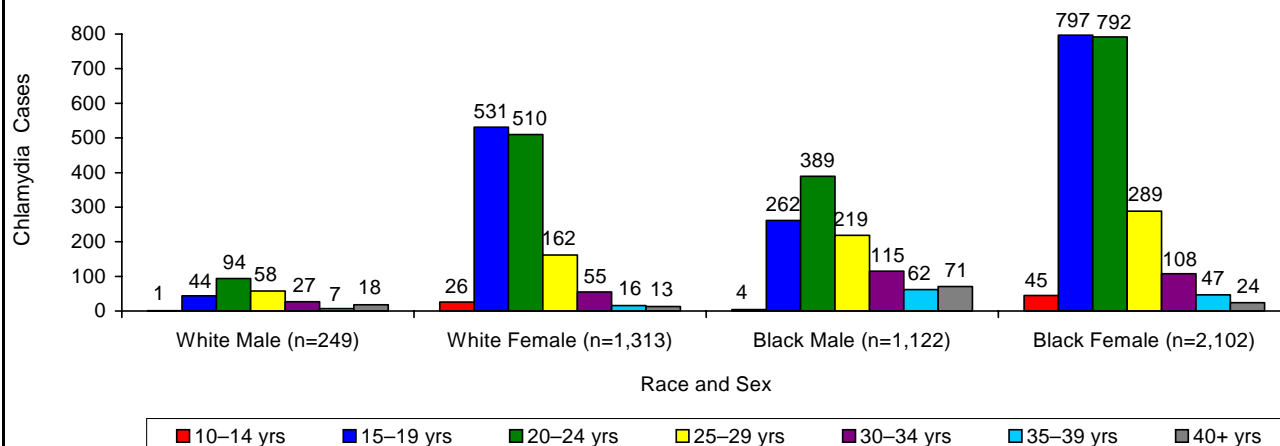
***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

†Outside the limits of Kansas City.

Note: Row percentages are shown. Percentages may not total due to rounding.

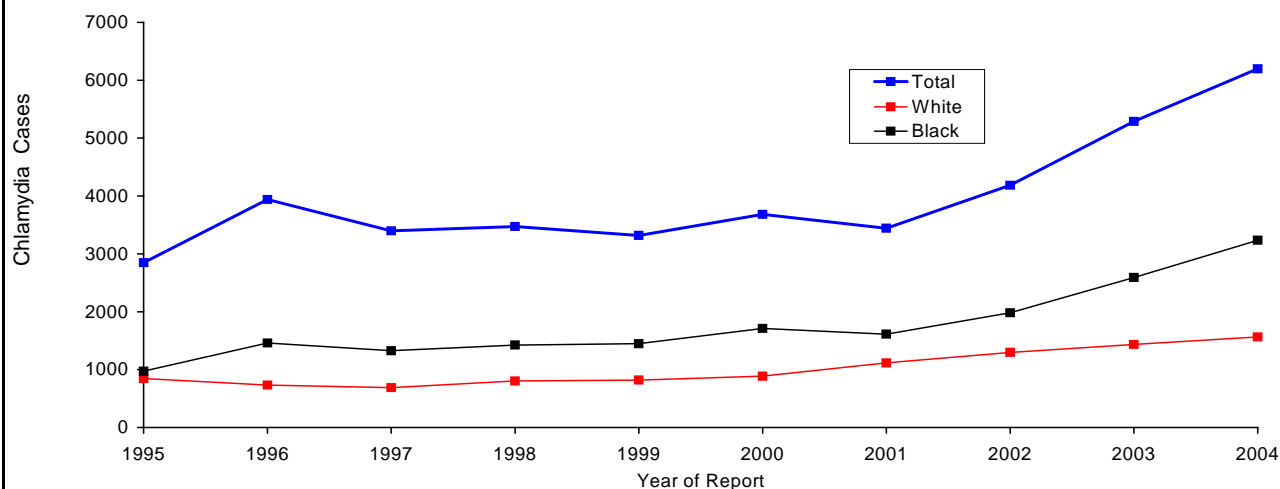
- The case rate for Blacks in the Kansas City HIV Region was 11.5 times higher than the case rate for Whites.
- In 2004, Kansas City reported the highest percentage of cases (70.7%) among all the counties in the Kansas City HIV Region. Jackson County reported the second highest percentage of cases (14.0%). In 2004, the number of chlamydia cases reported increased by 910 (17.2%) over the number of cases reported in 2003 in the Kansas City HIV Region.

Figure 5. Reported chlamydia cases, by race and sex, by age group, Kansas City HIV Region, 2004



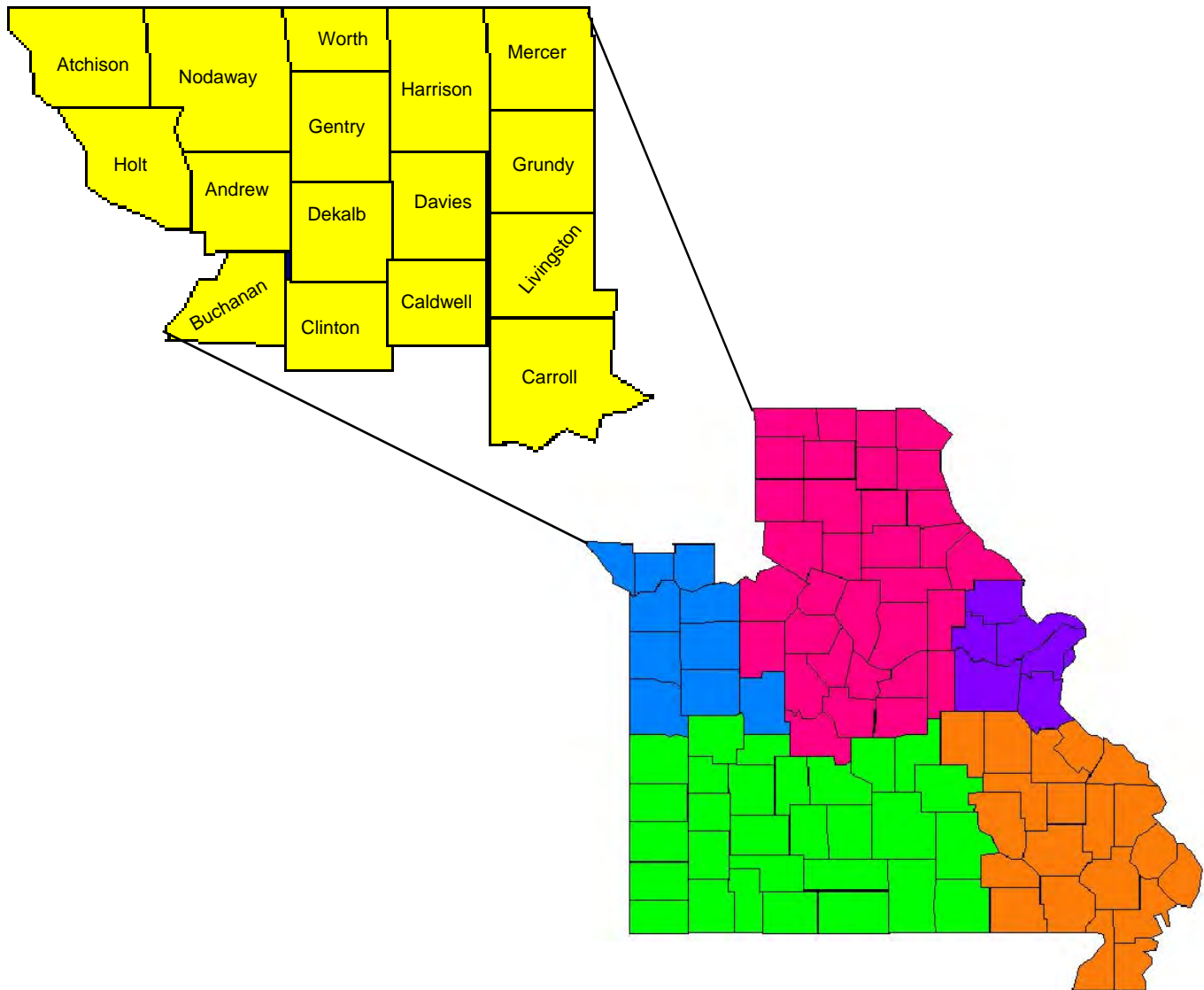
- Figure 5 depicts 4,786 (77.2%) cases with complete information for race, sex, and age of the 6,198 chlamydia cases reported in 2004.
- Among the individuals of the four groups depicted in Figure 5, the highest percentage (37.3%) of cases reported were in individuals 20 to 24 years old.
- The age group with second highest percentage (34.1%) of cases reported were in individuals 15 to 19 years old.

Figure 6. Reported chlamydia cases, by race and year of report, Kansas City HIV Region, 2004



- The number of chlamydia cases reported in the Kansas City HIV Region was stable from 1997 through 2001. Beginning with 2002, the number of cases increased each year thereafter.
- The number of cases among Blacks has been higher than the number of cases among Whites since 1996 and has been very similar to the state trends.
- The number of cases among Whites have increased each year since 1999.

NORTHWEST HIV REGION



2000 population estimates for the Northwest HIV Region*

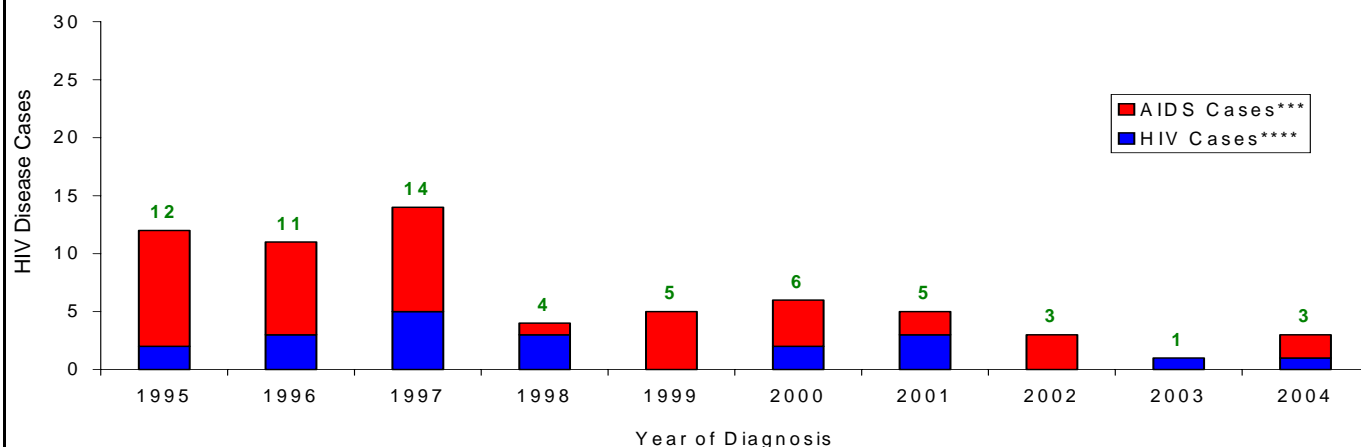
County	White		African American		American Indian		Asian/Pacific Islander		Hispanic		Total**	
Andrew County	16,129	97.8%	67	0.4%	51	0.3%	38	0.2%	138	0.8%	16,492	100.0%
Atchison County	6,211	96.6%	132	2.1%	12	0.2%	9	0.1%	43	0.7%	6,430	100.0%
Buchanan County	78,406	91.2%	3,714	4.3%	321	0.4%	404	0.5%	2,086	2.4%	85,998	100.0%
Caldwell County	8,786	98.0%	12	0.1%	29	0.3%	11	0.1%	67	0.7%	8,969	100.0%
Carroll County	9,919	96.4%	177	1.7%	28	0.3%	14	0.1%	73	0.7%	10,285	100.0%
Clinton County	18,191	95.8%	284	1.5%	65	0.3%	33	0.2%	205	1.1%	18,979	100.0%
Daviess County	7,877	98.3%	4	0.0%	28	0.3%	21	0.3%	55	0.7%	8,016	100.0%
DeKalb County	10,250	88.4%	1,020	8.8%	74	0.6%	20	0.2%	125	1.1%	11,597	100.0%
Gentry County	6,723	98.0%	8	0.1%	21	0.3%	22	0.3%	44	0.6%	6,861	100.0%
Grundy County	10,088	96.7%	41	0.4%	36	0.3%	17	0.2%	165	1.6%	10,432	100.0%
Harrison County	8,654	97.8%	12	0.1%	20	0.2%	18	0.2%	89	1.0%	8,850	100.0%
Holt County	5,255	98.2%	5	0.1%	25	0.5%	5	0.1%	21	0.4%	5,351	100.0%
Livingston County	13,911	95.6%	331	2.3%	43	0.3%	40	0.3%	94	0.6%	14,558	100.0%
Mercer County	3,704	98.6%	7	0.2%	19	0.5%	0	0.0%	11	0.3%	3,757	100.0%
Nodaway County	21,067	96.1%	294	1.3%	50	0.2%	194	0.9%	155	0.7%	21,912	100.0%
Worth County	2,351	98.7%	4	0.2%	8	0.3%	2	0.1%	7	0.3%	2,382	100.0%
Region Totals	227,522	94.5%	6,112	2.5%	830	0.3%	848	0.4%	3,378	1.4%	240,869	100.0%

*Based on 2000 US Census Bureau data.

**Totals include persons of Other/Unknown races/ethnicities not listed.

MAGNITUDE AND IMPACT OF THE PROBLEM

Figure 1. HIV disease cases, by current status* and year of diagnosis*, Northwest HIV Region, 1995—2004



*HIV case vs. AIDS case

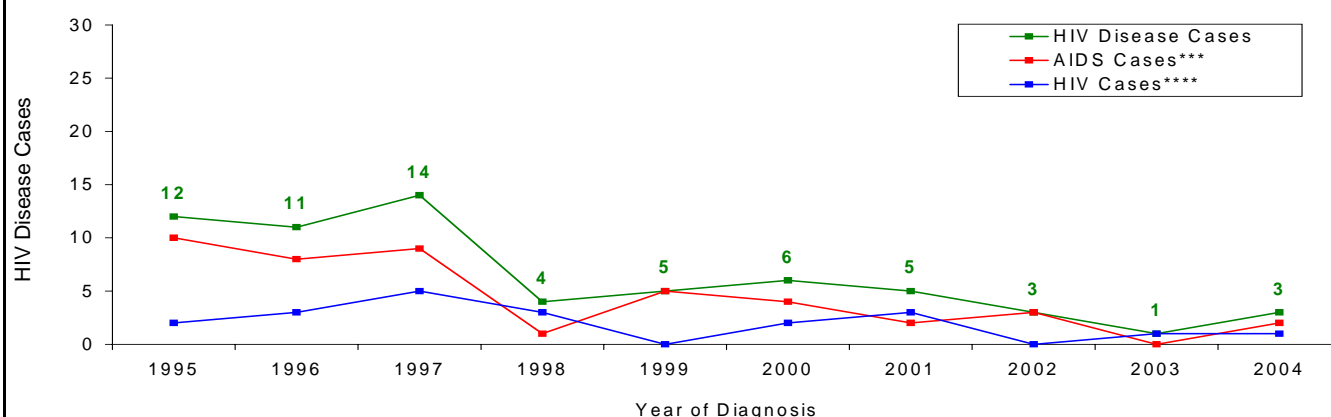
**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- As of December 31, 2004, there were 189 cumulative HIV disease cases diagnosed in the Northwest HIV Region. Thirty-eight of these were HIV, and 151 were AIDS cases.
- In 2003, there was one newly diagnosed HIV case; similarly, there was one newly diagnosed HIV case in 2004.
- In 2003, there were no newly diagnosed AIDS cases; this count increased to two AIDS cases in 2004.
- For additional information, refer to the interpretation guidelines.

Figure 2. Reported HIV disease cases, by current status* and year of diagnosis*, Northwest HIV Region, 1995—2004

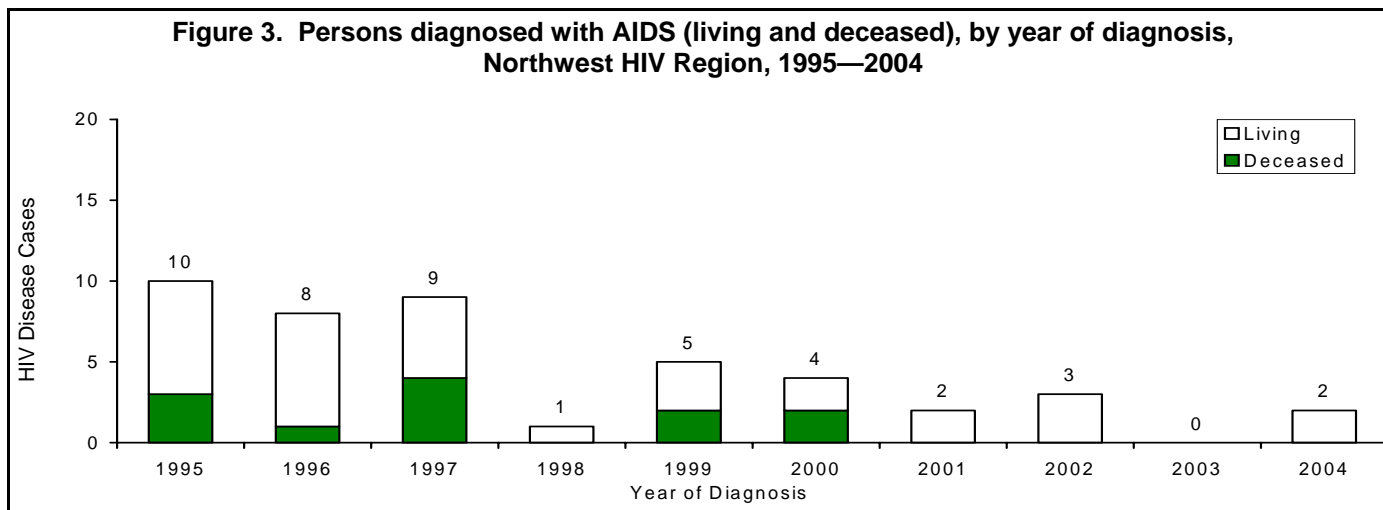


*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)



- Out of the total 151 AIDS cases diagnosed in the Northwest HIV Region, 69 (45.7%) were still living at the end of 2004.
- No persons initially diagnosed after 2000 have been reported to DHSS as being deceased.

WHO

Table 1. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, Northwest HIV Region, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	1	100.0%	0.8	2	0.0%	1.7	3	100.0%	2.5
Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	1	100.0%	0.4	2	0.0%	0.8	3	100.0%	1.2
White	1	100.0%	0.4	2	0.0%	0.9	3	100.0%	1.3
Black	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Hispanic	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Total	1	100.0%	0.4	2	0.0%	0.8	3	100.0%	1.2
White Male	1	100.0%	0.9	2	0.0%	1.8	3	100.0%	2.7
Black Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Hispanic Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Total	1	100.0%	0.8	2	0.0%	1.7	3	100.0%	2.5
White Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Black Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Hispanic Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Total	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2004.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- Consistent with the 2003 data, all new HIV disease cases in the Northwest HIV Region were White males.

WHERE

Table 2. HIV and AIDS cases and rates, by geographic area, Northwest HIV Region, 2004 and cumulative*

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2004**			Cumulative			Diagnosed 2004			Cumulative		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Location												
Buchanan County	1	100.0%	1.2	26	68.4%	30.2	1	50.0%	1.2	100	66.2%	116.3
Clinton County	0	0.0%	0.0	4	10.5%	21.1	0	0.0%	0.0	11	7.3%	58.0
Andrew County	0	0.0%	0.0	2	5.3%	12.1	0	0.0%	0.0	8	5.3%	48.5
Caldwell County	0	0.0%	0.0	2	5.3%	22.3	0	0.0%	0.0	4	2.6%	44.6
Gentry County	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Nodaway County	0	0.0%	0.0	2	5.3%	9.1	0	0.0%	0.0	6	4.0%	27.4
Remainder of Region	0	0.0%	0.0	2	5.3%	2.4	1	50.0%	1.2	22	14.6%	26.9
NORTHWEST HIV REGION	1	100.0%	0.4	38	100.0%	15.8	2	100.0%	0.8	151	100.0%	62.7

*Includes all cases, living and deceased.

**HIV cases diagnosed and reported to the Department during 2004 which remained HIV cases at the end of the year.

***Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- As with previous years, Buchanan County was the location of the largest number of new HIV disease cases; it accounted for two of the three new cases diagnosed this year in the Northwest HIV Region.

EXPOSURE CATEGORIES

Men Who Have Sex with Men (MSM)

Table 3. Incidence and prevalence of HIV and AIDS cases in men who have sex with men, by selected race, Northwest HIV Region, 2004

Race	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	0	0.0%	17	94.4%	0	0.0%	35	94.6%
Black	0	0.0%	1	5.6%	0	0.0%	2	5.4%
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL	0	--	18	100.0%	0	--	37	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- There were no new MSM cases diagnosed in 2004; one MSM case was diagnosed in 2003.
- Despite these low counts in the past two years, the MSM mode of transmission accounted for the majority of the HIV disease cases in this region.

Table 4. HIV prevalence in men who have sex with men, by selected race, by age, Northwest HIV Region, 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	0	0.0%
19-24	3	17.6%	1	100.0%	4	22.2%
25-44	8	47.1%	0	0.0%	8	44.4%
45-64	6	35.3%	0	0.0%	6	33.3%
65+	0	0.0%	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL	17	100.0%	1	100.0%	18	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with trends from previous years, White males aged 25-44 accounted for the majority of MSM HIV cases.

Table 5. HIV prevalence in men who have sex with men, by county, Northwest HIV Region, 2004		
Geographic Area	Cases	%
Buchanan County	14	77.8%
Remaining Counties	4	22.2%
NORTHWEST HIV REGION TOTAL	18	100.0%

- As seen in previous years, Buchanan County (the location of St. Joseph, the largest metropolitan area in the region) accounted for most of the MSM cases. Additionally, there was an 8.6% increase in the number of MSM cases reported in Buchanan County in 2004 from 2003.

Men Who Have Sex with Men and Inject Drugs (MSM/IDU)

Table 6. HIV and AIDS incidence and prevalence in men who have sex with men and inject drugs, by selected race, Northwest HIV Region, 2004

Race	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	0	0.0%	3	75.0%	0	0.0%	8	88.9%
Black	0	0.0%	0	0.0%	0	0.0%	1	11.1%
NORTHWEST HIV REGION TOTAL ***	0	--	4	100.0%	0	--	9	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.
 **Does not include HIV cases that progressed to AIDS.
 ***Totals include Other/Unknown races not listed in rows.
 Note: Percentages may not total due to rounding.

- Similar to 2003, there were no new MSM/IDU HIV disease cases reported in the Northwest HIV Region in 2004.

Table 7. HIV prevalence in men who have sex with men and inject drugs, by selected race, by age group, Northwest HIV Region 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	0	0.0%
19-24	1	33.3%	0	0.0%	1	25.0%
25-44	2	66.7%	0	0.0%	3	75.0%
45-64	0	0.0%	0	0.0%	0	0.0%
65+	0	0.0%	0	0.0%	0	0.0%
NORHTWEST HIV REGION TOTAL	3	100.0%	0	--	4	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.
 **Percentage of race in each group.
 ***Percentage of cases per age group.
 Note: Percentages may not total due to rounding.

- There were no living Black or Hispanic MSM/IDU diagnosed with HIV in this region; this was the same finding as in 2003.

Table 8. HIV prevalence in men who have sex with men and inject drugs, Northwest HIV Region, 2004

Geographic Area	Cases	%
NORTHWEST HIV REGION TOTAL	4	100.0%

Injecting Drug Users (IDU)

Table 9. Incidence and prevalence of HIV and AIDS cases in injecting drug users, by selected race and sex, Northwest HIV Region, 2004

Race and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	1	100.0%	1	100.0%	4	66.7%
Black Male	0	0.0%	0	0.0%	0	0.0%	1	16.7%
White Female	0	0.0%	0	0.0%	0	0.0%	1	16.7%
Black Female	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL ***	0	--	1	100.0%	1	100.0%	6	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Totals include Other/Unknown cases not listed in columns.

Note: Percentages may not total due to rounding.

- One of the three new HIV disease cases diagnosed in 2004 was an IDU.
- Consistent with previously observed yearly totals, more male IDU HIV disease cases were diagnosed than female cases within this region.

Table 10. HIV prevalence in injecting drug users, by selected race and sex, by age group, Northwest HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-44	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
45-64	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL	1	100.0%	0	--	0	--	0	--	1	100.0%

*Totals include Other/Unknown cases not listed in columns.

**Percentage of race and sex in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- The one prevalent IDU HIV case in the Northwest HIV Region was in the 25-44 age group. Persons aged 25-44 accounted for the largest percentage of new HIV disease cases in the region.

Table 11. HIV prevalence in injecting drug users, Northwest HIV Region, 2004

Geographic Area	Cases	%
NORTHWEST HIV REGION TOTAL	1	100.0%

Heterosexual Contacts

Table 12. HIV and AIDS incidence and prevalence in heterosexual contacts, by selected race and sex, Northwest HIV Region, 2004

Race and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	1	11.1%	0	0.0%	0	0.0%
Black Male	0	0.0%	0	0.0%	0	0.0%	0	0.0%
White Female	0	0.0%	5	55.6%	0	0.0%	3	100.0%
Black Female	0	0.0%	3	33.3%	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL ***	0	--	9	100.0%	0	--	3	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.
 **Does not include HIV cases that progressed to AIDS.
 ***Totals do include Other/Unknown cases not listed.
 Note: Percentages may not total due to rounding.

- There were no new HIV disease cases in the Northwest HIV Region in persons who reported heterosexual contact as the likely mode of transmission.
- A majority of the females who contracted HIV disease throughout the region were exposed through heterosexual contact. At the end of 2004, there were 11 females living with HIV whose identified risk factor was heterosexual contact; as opposed to one who contracted the disease through injecting drug use, which was the next leading mode of transmission for females.
- Heterosexual contact was the least common way for males to contract HIV disease in the Northwest HIV Region (MSM was the leading cause).

Table 13. HIV prevalence in heterosexual contacts, by selected race and sex, by age, Northwest HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	1	20.0%	0	0.0%	1	11.1%
19-24	0	0.0%	0	0.0%	2	40.0%	1	33.3%	3	33.3%
25-44	0	0.0%	0	0.0%	2	40.0%	2	66.7%	4	44.4%
45-64	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	11.1%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL	1	100.0%	0	--	5	100.0%	3	100.0%	9	100.0%

*Totals include Other/Unknown cases not listed.
 **Percentage of race and sex in each age group.
 ***Percentage of cases per age group.
 Note: Percentages may not total due to rounding.

- Compared to other exposure categories, the number of living HIV cases likely infected through heterosexual contact was more evenly dispersed throughout the age groups; although, there was still a greater percentage of the cases within the 25-44 age group.

Table 14. HIV prevalence in heterosexual contacts, by county, Northwest HIV Region, 2004

Geographic Area	Total	
	Cases	%
Buchanan County	7	77.8%
Remaining Counties	2	22.2%
NORTHWEST HIV REGION TOTAL	9	100.0%

- As seen with other modes of transmission in the Northwest HIV Region, the highest percentage of the HIV cases contracted through heterosexual contact were residents of Buchanan County. There was a 14.2% increase in the cases found in this county from 2003 to 2004.

Table 15. HIV and AIDS cases with exposure category assignments for NIRs, Northwest HIV Region, 2004

Exposure Category	HIV Cases				AIDS Cases			
	2004*		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	1	100.0%	23	60.5%	1	50.0%	99	65.6%
Men who have sex with men and inject drugs	0	0.0%	4	10.5%	0	0.0%	16	10.6%
Injecting drug use	0	0.0%	1	2.6%	1	50.0%	12	7.9%
Heterosexual contacts	0	0.0%	9	23.7%	0	0.0%	13	8.6%
Hemophilia/coagulation disorder	0	0.0%	1	2.6%	0	0.0%	6	4.0%
Blood transfusion or tissue recipient	0	0.0%	0	0.0%	0	0.0%	5	3.3%
No indicated risk	----	-----	----	-----	----	-----	----	-----
ADULT/ADOLESCENT SUBTOTAL	1	100.0%	38	100.0%	2	100.0%	151	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	1		38		2		151	

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

- In 2004, none of the HIV cases and one of the AIDS cases diagnosed in the Northwest HIV Region were classified as "No Indicated Risk".

GONORRHEA**Table 1. Reported gonorrhea cases and rates, by race and county*, Northwest HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Buchanan County	80	58.8%	102.0	39	28.7%	1050.1	136	100.0%	158.1
Clinton County	3	50.0%	16.5	1	16.7%	352.1	6	100.0%	31.6
Caldwell County	2	50.0%	22.8	0	0.0%	0.0	4	100.0%	44.6
Nodaway County	1	33.3%	4.7	2	66.7%	680.3	3	100.0%	13.7
Daviess County	1	50.0%	12.7	0	0.0%	0.0	2	100.0%	25.0
Gentry County	0	0.0%	0.0	0	0.0%	0.0	2	100.0%	29.2
Harrison County	2	100.0%	23.1	0	0.0%	0.0	2	100.0%	22.6
Carroll County	0	0.0%	0.0	1	100.0%	565.0	1	100.0%	9.7
Grundy County	1	100.0%	9.9	0	0.0%	0.0	1	100.0%	9.6
Holt County	1	100.0%	19.0	0	0.0%	0.0	1	100.0%	18.7
Livingston County	1	100.0%	7.2	0	0.0%	0.0	1	100.0%	6.9
NORTHWEST HIV REGION TOTAL	92	57.9%	40.4	43	27.0%	703.5	159	100.0%	66.0

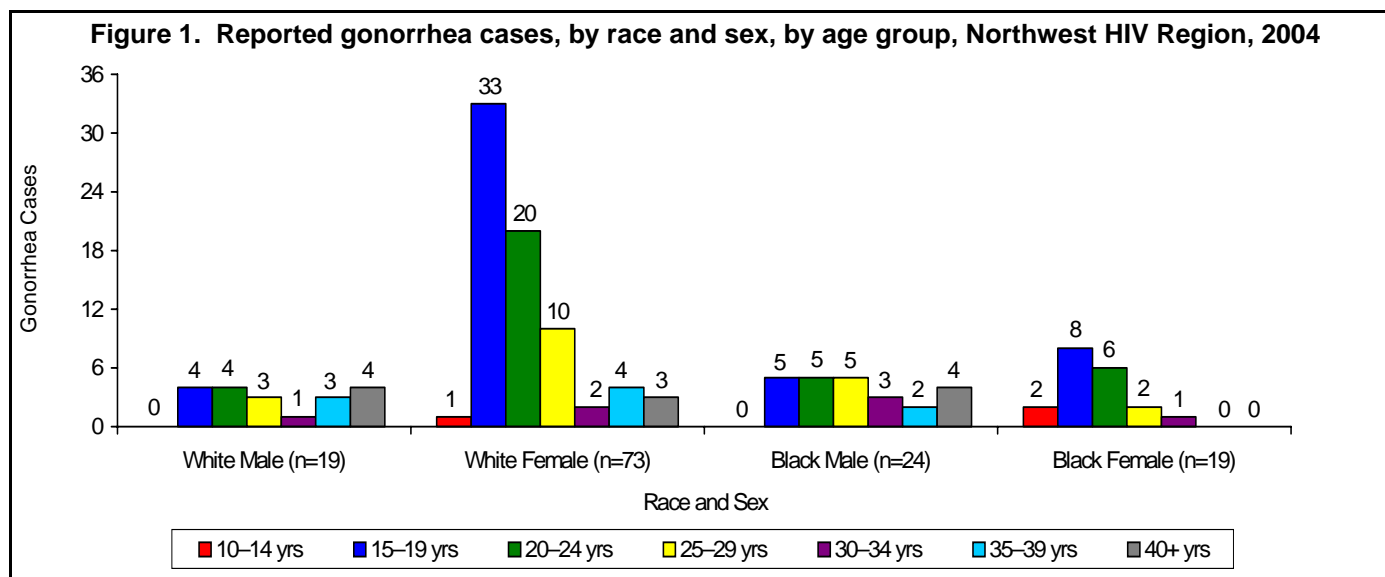
*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

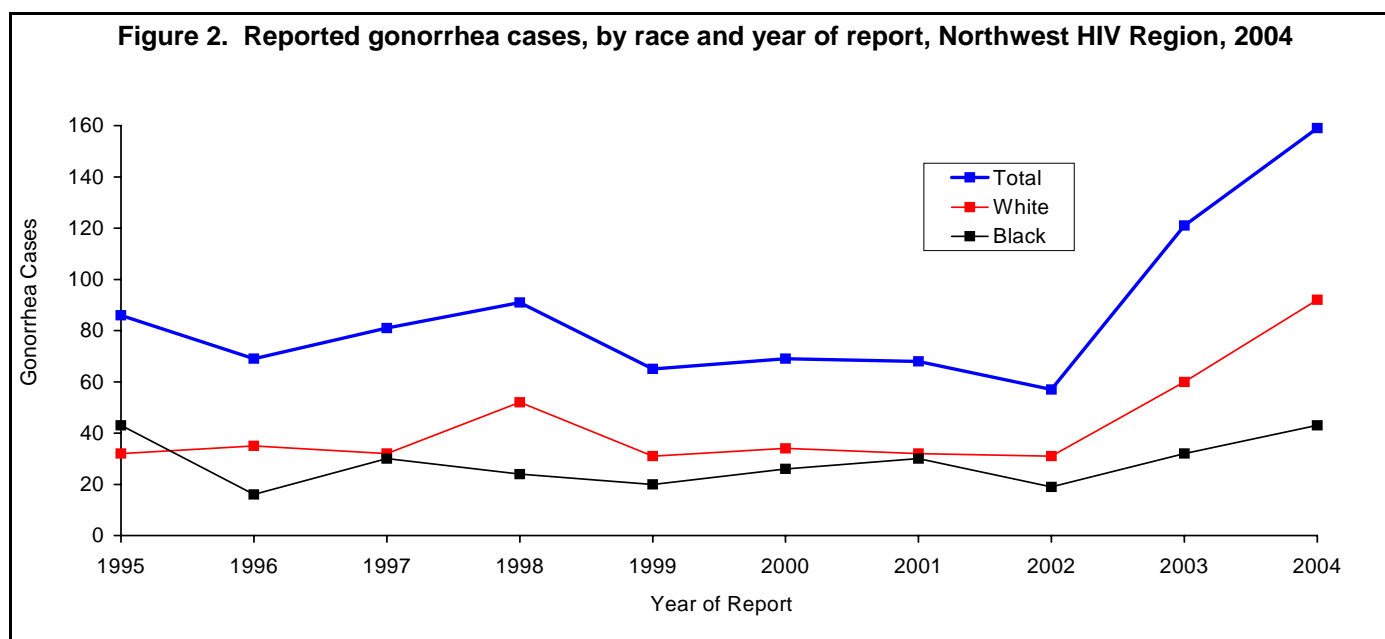
***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding.

- The case rate for Blacks in the Northwest HIV Region was 17.4 times higher than the case rate for Whites.
- In 2004, Buchanan County reported the highest percentage of cases (85.5%) among all the counties in the Northwest HIV Region. Clinton County reported the second highest percentage of cases (3.8%).
- In 2004, the number of gonorrhea cases reported increased by 38 (31.4%) over the number of cases reported in 2003 in the Northwest HIV Region.



- Figure 1 depicts 135 (84.9%) of the 159 gonorrhea cases with complete information for race, sex, and age reported in 2004.
- Of the specific groups depicted in Figure 1, the highest percentage (37.0%) of cases reported were in individuals 15 to 19 years old.



- From 1995 through 2002, the number of gonorrhea cases reported in the Northwest HIV Region decreased overall. However, the number of cases increased sharply in 2003 and 2004.
- The increase among Whites is more pronounced than the increase among Blacks.

CHLAMYDIA**Table 2. Reported chlamydia cases and rates, by race and county*, Northwest HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Buchanan County	240	64.0%	306.1	70	18.7%	1,884.8	375	100.0%	436.1
Nodaway County	43	82.7%	204.1	7	13.5%	2,381.0	52	100.0%	237.3
Grundy County	24	88.9%	237.9	1	3.7%	2,439.0	27	100.0%	258.8
Andrew County	21	84.0%	130.2	0	0.0%	0.0	25	100.0%	151.6
Clinton County	16	66.7%	88.0	2	8.3%	704.2	24	100.0%	126.5
Livingston County	16	66.7%	115.0	1	4.2%	302.1	24	100.0%	164.9
Caldwell County	17	73.9%	193.5	0	0.0%	0.0	23	100.0%	256.4
Carroll County	14	63.6%	141.1	2	9.1%	1,129.9	22	100.0%	213.9
Harrison County	13	72.2%	150.2	0	0.0%	0.0	18	100.0%	203.4
Daviess County	11	78.6%	139.6	0	0.0%	0.0	14	100.0%	174.7
DeKalb County	5	83.3%	48.8	0	0.0%	0.0	6	100.0%	51.7
Holt County	5	100.0%	95.1	0	0.0%	0.0	5	100.0%	93.4
Gentry County	3	75.0%	44.6	0	0.0%	0.0	4	100.0%	58.3
Atchison County	0	0.0%	0.0	2	100.0%	1,515.2	2	100.0%	31.1
Mercer County	2	100.0%	54.0	0	0.0%	0.0	2	100.0%	53.2
Worth County	1	100.0%	42.5	0	0.0%	0.0	1	100.0%	42.0
NORTHWEST HIV REGION TOTAL	431	69.1%	189.4	85	13.6%	1,390.7	624	100.0%	259.1

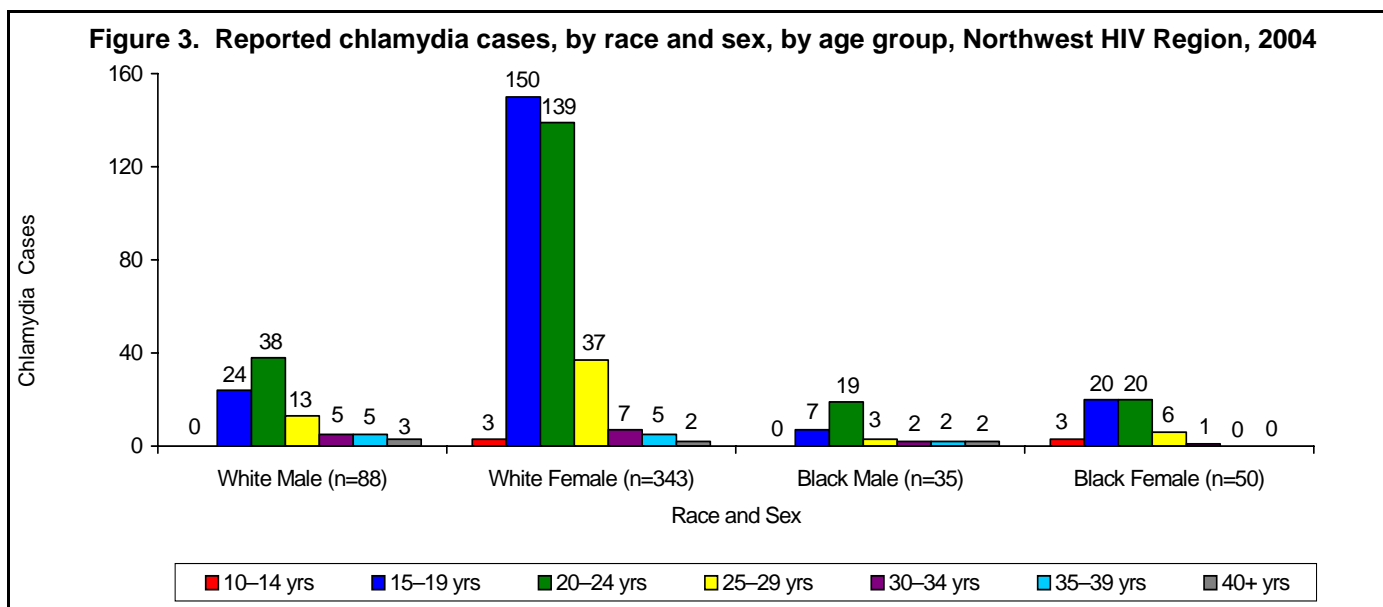
*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

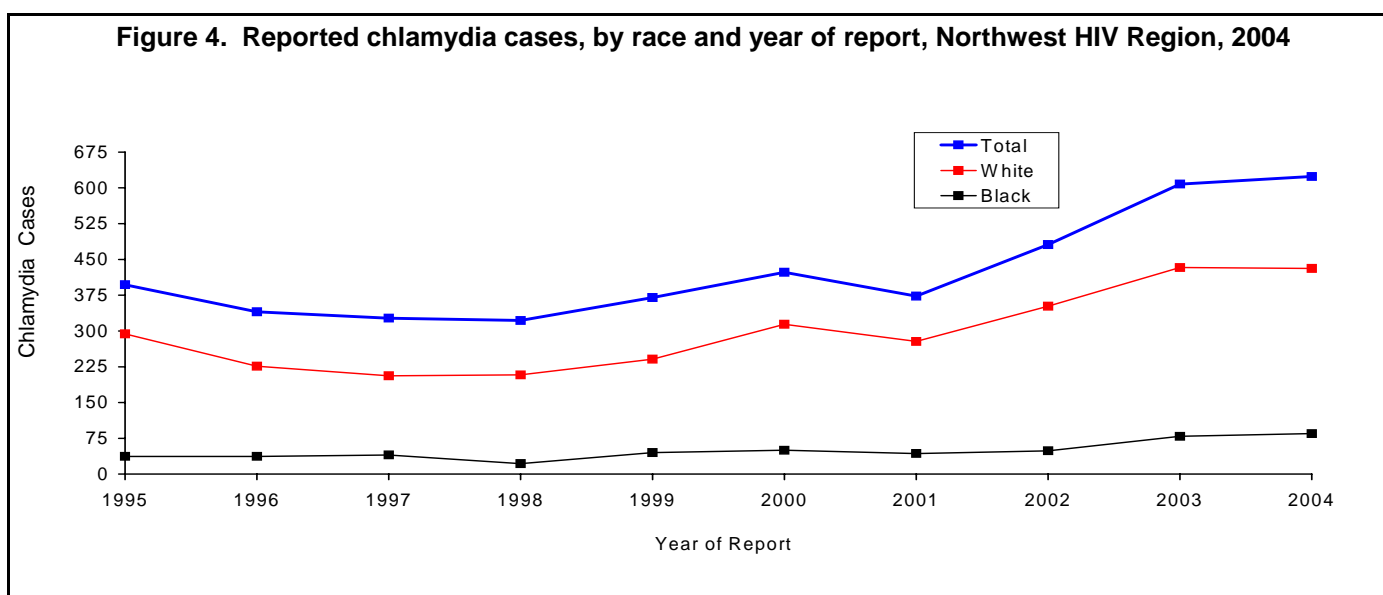
***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding.

- The case rate for Blacks in the Northwest HIV Region was 7.3 times higher than the case rate for Whites.
- In 2004, Buchanan County reported the highest percentage of cases (60.1%) among all the counties in the Northwest HIV Region.
- In 2004, the number of chlamydia cases reported increased by 16 (2.6%) over the number of cases reported in 2003 in the Northwest HIV Region.

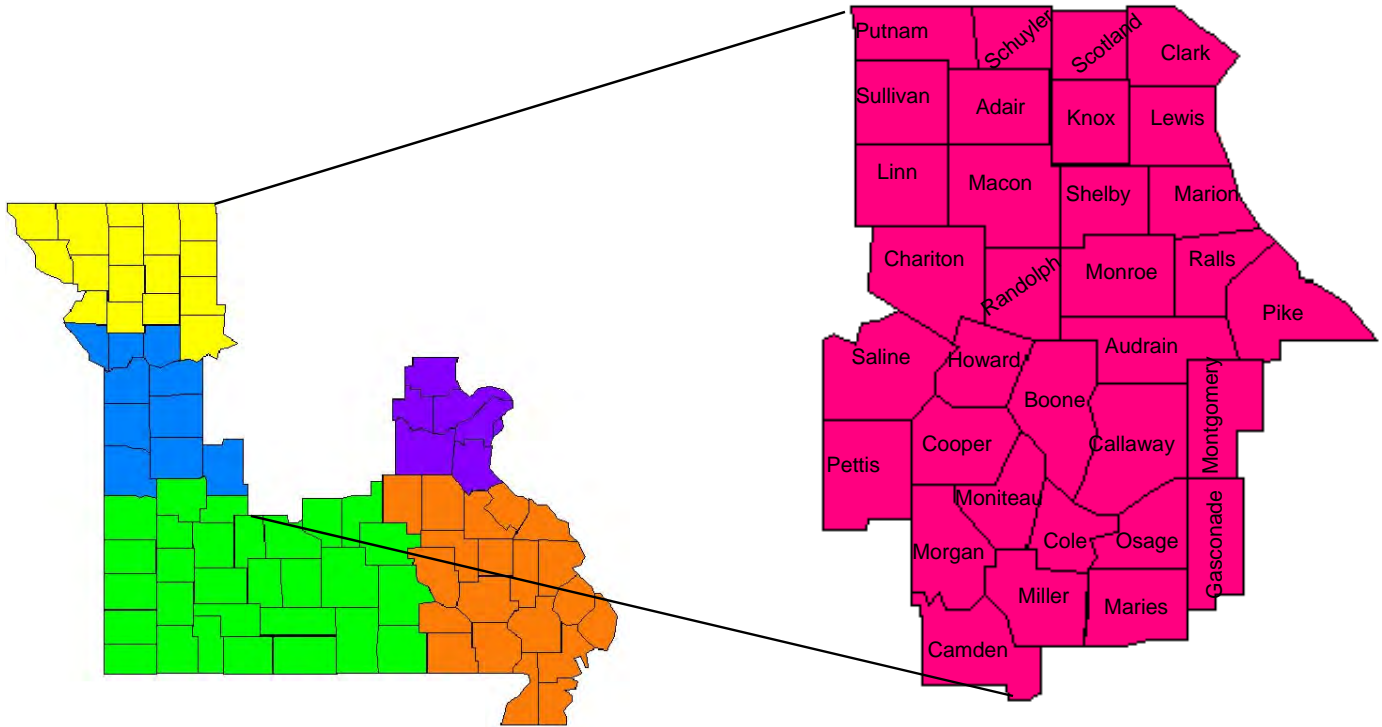


- Figure 3 depicts 516 (82.7%) cases with complete information for race, sex, and age of the 624 chlamydia cases reported in 2004.
- Of the specific groups depicted in Figure 3, the highest percentage (39.0%) of cases reported were in individuals 15 to 19 years old.



- From 1995 through 2001, the number of chlamydia cases reported in the Northwest HIV Region were relatively stable. However, the number of cases increased sharply in 2002 and 2003, and there was a minor increase in 2004.
- In 2002 through 2004, the number of cases among Blacks has shown minor increases, while the number of cases among Whites decreased from 2003 to 2004.

NORTH CENTRAL HIV REGION



2000 population estimates for the North Central HIV Region*

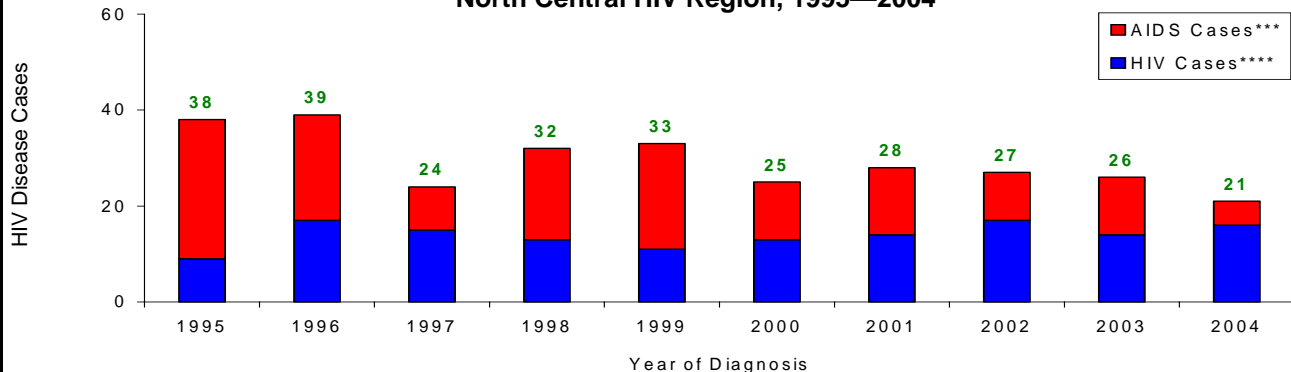
County	White		African American		American Indian		Asian/Pacific Islander		Hispanic		Total**	
Adair County	23,738	95.0%	291	1.2%	57	0.2%	358	1.4%	315	1.3%	24,977	100.0%
Audrain County	23,425	90.6%	1,849	7.2%	66	0.3%	94	0.4%	189	0.7%	25,853	100.0%
Boone County	114,367	84.4%	11,479	8.5%	524	0.4%	4,040	3.0%	2,413	1.8%	135,454	100.0%
Callaway County	37,191	91.2%	2,303	5.6%	200	0.5%	210	0.5%	377	0.9%	40,766	100.0%
Camden County	35,954	97.0%	94	0.3%	168	0.5%	121	0.3%	346	0.9%	37,051	100.0%
Chariton County	8,067	95.6%	264	3.1%	13	0.2%	11	0.1%	47	0.6%	8,438	100.0%
Clark County	7,294	98.4%	5	0.1%	15	0.2%	6	0.1%	52	0.7%	7,416	100.0%
Cole County	61,684	86.4%	7,049	9.9%	219	0.3%	641	0.9%	915	1.3%	71,397	100.0%
Cooper County	14,762	88.6%	1,482	8.9%	58	0.3%	37	0.2%	143	0.9%	16,670	100.0%
Gasconade County	15,101	98.4%	17	0.1%	27	0.2%	25	0.2%	64	0.4%	15,342	100.0%
Howard County	9,267	90.7%	694	6.8%	33	0.3%	20	0.2%	88	0.9%	10,212	100.0%
Knox County	4,277	98.1%	4	0.1%	1	0.0%	4	0.1%	26	0.6%	4,361	100.0%
Lewis County	10,032	95.6%	264	2.5%	16	0.2%	23	0.2%	77	0.7%	10,494	100.0%
Linn County	13,406	97.5%	82	0.6%	47	0.3%	19	0.1%	104	0.8%	13,754	100.0%
Macon County	15,071	95.6%	347	2.2%	60	0.4%	27	0.2%	121	0.8%	15,762	100.0%
Maries County	8,609	96.7%	29	0.3%	47	0.5%	10	0.1%	103	1.2%	8,903	100.0%
Marion County	26,236	92.7%	1,303	4.6%	66	0.2%	93	0.3%	252	0.9%	28,289	100.0%
Miller County	22,934	97.3%	63	0.3%	100	0.4%	32	0.1%	231	1.0%	23,564	100.0%
Moniteau County	13,556	91.4%	557	3.8%	58	0.4%	48	0.3%	435	2.9%	14,827	100.0%
Monroe County	8,769	94.2%	357	3.8%	37	0.4%	14	0.2%	52	0.6%	9,311	100.0%
Montgomery County	11,596	95.6%	245	2.0%	29	0.2%	31	0.3%	94	0.8%	12,136	100.0%
Morgan County	18,693	96.8%	97	0.5%	119	0.6%	24	0.1%	161	0.8%	19,309	100.0%
Osage County	12,828	98.2%	16	0.1%	31	0.2%	13	0.1%	77	0.6%	13,062	100.0%
Pettis County	35,810	90.9%	1,181	3.0%	130	0.3%	172	0.4%	1,527	3.9%	39,403	100.0%
Pike County	16,110	87.8%	1,672	9.1%	41	0.2%	34	0.2%	295	1.6%	18,351	100.0%
Putnam County	5,155	98.7%	3	0.1%	5	0.1%	7	0.1%	32	0.6%	5,223	100.0%
Ralls County	9,393	97.6%	106	1.1%	18	0.2%	8	0.1%	42	0.4%	9,626	100.0%
Randolph County	22,164	89.9%	1,717	7.0%	106	0.4%	95	0.4%	282	1.1%	24,663	100.0%
Saline County	20,923	88.1%	1,268	5.3%	47	0.2%	131	0.6%	1,050	4.4%	23,756	100.0%
Schuyler County	4,086	98.0%	2	0.0%	13	0.3%	8	0.2%	27	0.6%	4,170	100.0%
Scotland County	4,890	98.1%	10	0.2%	7	0.1%	5	0.1%	42	0.8%	4,983	100.0%
Shelby County	6,628	97.5%	66	1.0%	18	0.3%	7	0.1%	43	0.6%	6,799	100.0%
Sullivan County	6,508	90.2%	9	0.1%	12	0.2%	15	0.2%	634	8.8%	7,219	100.0%
Region Totals	648,524	91.1%	34,925	4.9%	2,388	0.3%	6,383	0.9%	10,656	1.5%	711,541	100.0%

*Based on 2000 US Census Bureau data.

**Totals include persons of Other/Unknown races/ethnicities not listed.

MAGNITUDE AND IMPACT OF THE PROBLEM

Figure 1. HIV disease cases, by current status* and year of diagnosis, North Central HIV Region, 1995—2004**



*HIV case vs. AIDS case

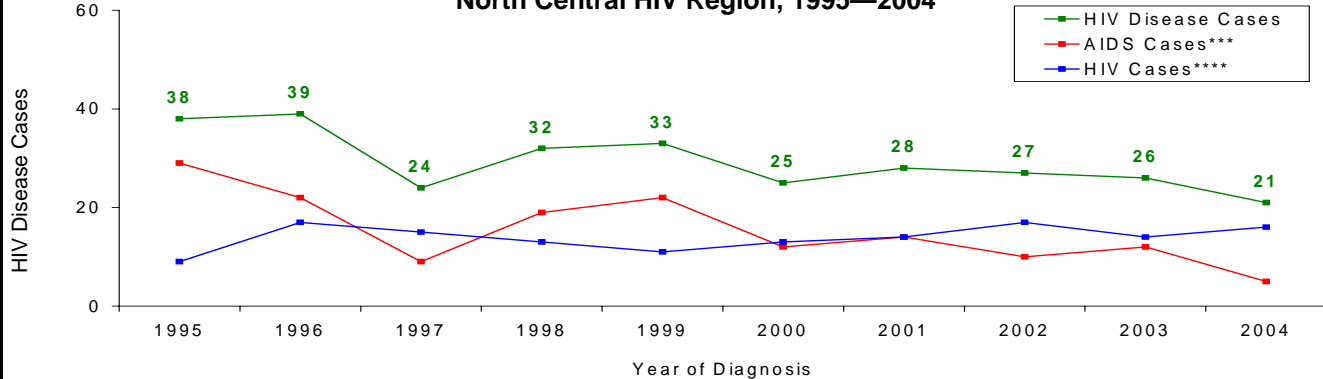
**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- At the end of December 2004, there were 614 cumulative cases of HIV disease in the North Central HIV Region. Of these, 188 were HIV cases and 426 were AIDS cases.
- The 16 new HIV cases in 2004 were a 23.1% increase in HIV diagnoses compared to 2003; whereas, the five new AIDS cases were a 54.5% decrease.
- For additional information, refer to the interpretation guidelines.

Figure 2. Reported HIV disease cases, by current status* and year of diagnosis, North Central HIV Region, 1995—2004**

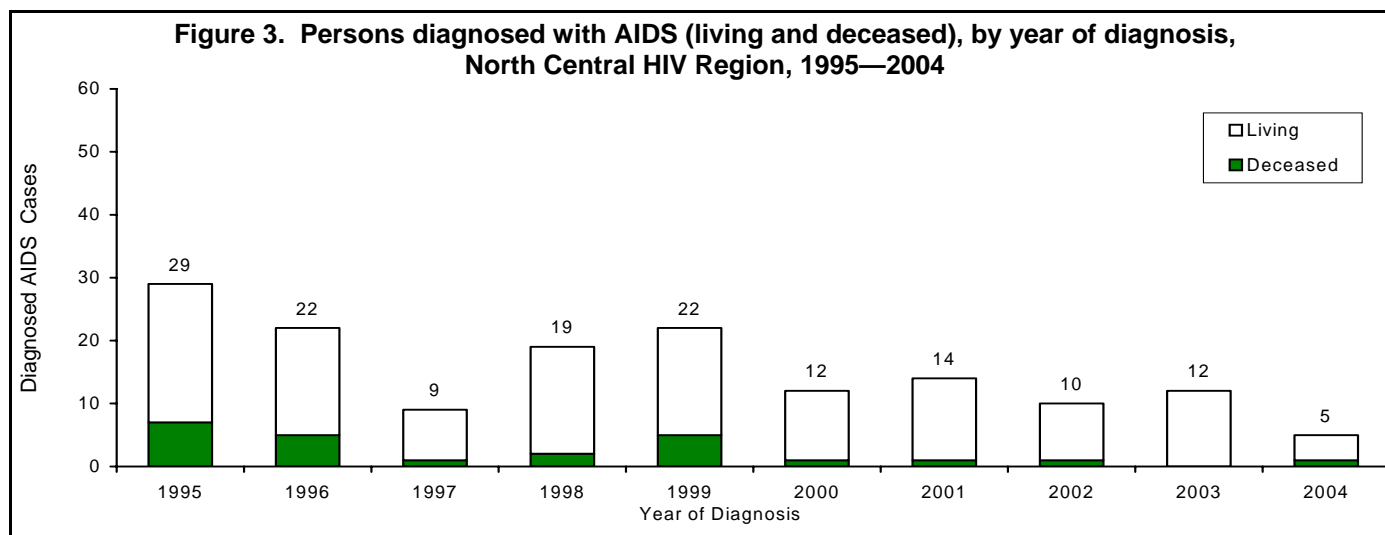


*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)



- Of the 426 AIDS cases diagnosed in this region, 220 (51.6%) were still living at the end of 2004.

WHO

Table 1. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, North Central HIV Region, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	12	75.0%	3.4	4	80.0%	1.1	16	76.2%	4.5
Female	4	25.0%	1.1	1	20.0%	0.3	5	23.8%	1.4
Total	16	100.0%	2.2	5	100.0%	0.7	21	100.0%	3.0
White	14	87.5%	2.2	5	100.0%	0.8	19	90.5%	2.9
Black	2	12.5%	5.7	0	0.0%	0.0	2	9.5%	5.7
Hispanic	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	16	100.0%	2.2	5	100.0%	0.7	21	100.0%	3.0
White Male	10	83.3%	3.1	4	100.0%	1.3	14	87.5%	4.4
Black Male	2	16.7%	10.3	0	0.0%	0.0	2	12.5%	10.3
Hispanic Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	12	100.0%	3.4	4	100.0%	1.1	16	100.0%	4.5
White Female	4	100.0%	1.2	1	100.0%	0.3	5	100.0%	1.5
Black Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Hispanic Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Totals	4	100.0%	1.1	1	100.0%	0.3	5	100.0%	1.4

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2004.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- In 2003, there was a 1.6:1 male-to-female ratio of new HIV disease cases; in 2004, this ratio doubled to 3.2 males for every female diagnosed.
- As seen in 2003, all reported HIV disease cases in 2004 were in Whites and Blacks in the North Central HIV Region.
- There was an 18.8% increase in the number of new HIV disease cases among Whites and an 84.6% decrease in the number of Blacks infected from 2003 to 2004.

WHERE

Table 2. HIV and AIDS cases and rates, by geographic area, North Central HIV Region, 2004 and cumulative*

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2004**			Cumulative			Diagnosed 2004			Cumulative		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Location												
Boone County	6	37.5%	4.4	86	45.7%	63.5	1	20.0%	0.7	185	43.4%	136.6
Cole County	1	6.3%	1.4	26	13.8%	36.4	2	40.0%	2.8	42	9.9%	58.8
Callaway County	3	18.8%	7.4	10	5.3%	24.5	0	0.0%	0.0	20	4.7%	49.1
Marion County	0	0.0%	0.0	5	2.7%	17.7	1	20.0%	3.5	13	3.1%	46.0
Pettis County	1	6.3%	2.5	8	4.3%	20.3	1	20.0%	2.5	19	4.5%	48.2
Gasconade County	0	0.0%	0.0	5	2.7%	32.6	0	0.0%	0.0	9	2.1%	58.7
Remainder of Region	5	31.3%	1.3	48	25.5%	12.6	0	0.0%	0.0	138	32.4%	36.2
NORTH CENTRAL HIV REGION TOTAL	16	100.0%	2.2	188	100.0%	26.4	5	100.0%	0.7	426	100.0%	59.9

*Includes all cases, living and deceased.

**HIV cases diagnosed and reported to DHSS during 2004 which remained HIV cases at the end of the year.

***Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- There were three new HIV cases diagnosed in Callaway County in 2004, whereas in 2003, there were no cases reported in this jurisdiction.
- From 2003 to 2004, there was a 57.1% and 30% decrease in HIV disease cases diagnosed in Cole County and in Boone County, respectively.

EXPOSURE CATEGORIES

Men Who Have Sex with Men (MSM)

Table 3. Incidence and prevalence of HIV and AIDS cases in men who have sex with men, by race, North Central HIV Region, 2004

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	6	75.0%	66	76.7%	4	100.0%	94	78.3%
Black	2	25.0%	17	19.8%	0	0.0%	23	19.2%
Other/Unknown	0	0.0%	3	3.5%	0	0.0%	3	2.5%
NORTH CENTRAL HIV REGION TOTAL	8	100.0%	86	100.0%	4	100.0%	120	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- Compared to 2003, there were one-third more MSM HIV disease cases diagnosed within this region in 2004.
- This increase was a result of five more HIV cases and two fewer AIDS cases reported in 2004 than in 2003.

Table 4. HIV prevalence in men who have sex with men, by race/ethnicity, by age, North Central HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	1	1.5%	2	11.8%	0	0.0%	3	3.5%
19-24	16	24.2%	4	23.5%	0	0.0%	20	23.3%
25-44	44	66.7%	10	58.8%	2	100.0%	56	65.1%
45-64	5	7.6%	1	5.9%	0	0.0%	7	8.1%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NORTH CENTRAL HIV REGION TOTA	66	100.0%	17	100.0%	2	100.0%	86	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with previous years, most living MSM HIV cases occurred in persons in the 25-44 age group.

Table 5. HIV prevalence in men who have sex with men, by race, by geographic area, North Central HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
Boone County	39	73.6%	12	22.6%	53	61.6%
Cole County	6	85.7%	1	14.3%	7	8.1%
Remaining Counties	21	80.8%	4	15.4%	26	30.2%
NORTH CENTRAL HIV REGION TOTAL	66	76.7%	17	19.8%	86	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

- Among the White MSM diagnosed with HIV still living at the end of 2004, 59.1% were in Boone County, 9% were in Cole County, and 31.8% were living in the remaining counties in the North Central HIV Region.
- In 2004, 70.6% of living Black MSM were diagnosed in Boone County, 5.9% in Cole County, and 23.5% in the remaining counties in the region.
- These percentages were similar to those reported within this region in 2003.

Men Who Have Sex with Men and Inject Drugs (MSM/IDU)

Table 6. HIV and AIDS incidence and prevalence in men who have sex with men and inject drugs, by race, North Central HIV Region, 2004

Race	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	0	0.0%	6	85.7%	0	0.0%	12	85.7%
Black	0	0.0%	1	14.3%	0	0.0%	2	14.3%
NORTH CENTRAL HIV REGION TOTAL ***	0	--	7	100.0%	0	--	14	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

***Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- In 2003, there was one new MSM/IDU HIV disease case, whereas, there were no new cases in 2004.

Table 7. HIV prevalence in men who have sex with men and inject drugs, by race, by age, North Central HIV Region, 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	0	0.0%
25-44	6	100.0%	1	100.0%	7	100.0%
45-64	0	0.0%	0	0.0%	0	0.0%
65+	0	0.0%	0	0.0%	0	0.0%
NORTH CENTRAL HIV REGION TOTAL	6	100.0%	1	100.0%	7	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- All of the living MSM/IDU HIV cases were in the 25-44 age group, which is consistent with trends from previous years.

Table 8. HIV prevalence in men who have sex with men and inject drugs, North Central HIV Region, 2004

Geographic Area	Cases	%
NORTH CENTRAL HIV REGION TOTAL	7	100.0%

Injecting Drug Users (IDU)

Table 9. Incidence and prevalence of HIV and AIDS cases in injecting drug users, by race and sex, North Central HIV Region, 2004

Race and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	1	50.0%	9	56.3%	0	0.0%	3	23.1%
Black Male	0	0.0%	0	0.0%	0	0.0%	6	46.2%
White Female	1	50.0%	7	43.8%	0	0.0%	3	23.1%
Black Female	0	0.0%	0	0.0%	0	0.0%	1	7.7%
NORTH CENTRAL HIV REGION TOTAL ***	2	100.0%	16	100.0%	0	--	13	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Totals include Other/Unknown cases not listed in columns.

Note: Percentages may not total due to rounding.

- There were no IDU HIV disease cases reported in 2003. The two new cases reported in 2004 were both White, one male and one female and is consistent with the prevalence of HIV disease within this exposure category.

Table 10. HIV prevalence in injecting drug users, by race, by age, North Central HIV Region, 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	1	6.3%	0	0.0%	1	6.3%
19-24	2	12.5%	0	0.0%	2	12.5%
25-44	13	81.3%	0	0.0%	13	81.3%
45-64	0	0.0%	0	0.0%	0	0.0%
65+	0	0.0%	0	0.0%	0	0.0%
NORTH CENTRAL HIV REGION TOTAL	16	100.0%	0	--	16	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Of the HIV cases diagnosed in the North Central HIV Region and still living at the end of 2004, all were White, and most were in the 25-44 age group; these two trends are consistent with data from previous years.

Table 11. HIV prevalence in injecting drug users, by geographic area, North Central HIV Region, 2004

Geographic Area	Total	
	Cases	%
Boone County	3	18.8%
Remaining Counties	13	81.3%
NORTH CENTRAL HIV REGION TOTAL	16	100.0%

Note: Percentages may not total due to rounding.

- The location of IDU HIV cases changed slightly from the 2003 distributions with 11.2% fewer cases located in Boone County.

Heterosexual Contacts

Table 12. HIV and AIDS incidence and prevalence in heterosexual contacts, by race and sex, North Central HIV Region, 2004

Race and Sex	HIV Cases*				AIDS Cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	6	13.6%	0	0.0%	6	14.6%
Black Male	0	0.0%	4	9.1%	0	0.0%	3	7.3%
White Female	1	100.0%	21	47.7%	0	0.0%	23	56.1%
Black Female	0	0.0%	12	27.3%	0	0.0%	6	14.6%
NORTH CENTRAL HIV REGION TOTAL***	1	100.0%	44	100.0%	0	--	41	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Total includes Other/Unknown cases not listed.

Note: Percentages may not total due to rounding.

- Consistent with the other regions, the majority of living heterosexual HIV disease cases were females.
- There has been an 85.7% decrease in new HIV disease cases from 2003 to 2004 within this exposure category.

Table 13. HIV prevalence in heterosexual contacts, by race and sex, by age group, North Central HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	1	4.8%	1	8.3%	2	4.5%
19-24	2	33.3%	0	0.0%	5	23.8%	4	33.3%	12	27.3%
25-44	4	66.7%	4	100.0%	13	61.9%	7	58.3%	28	63.6%
45-64	0	0.0%	0	0.0%	2	9.5%	0	0.0%	2	4.5%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NORTH CENTRAL HIV REGION TOTAL	6	100.0%	4	100.0%	21	100.0%	12	100.0%	44	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentages of race and sex in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- The 25-44 age group had the most living HIV cases.
- More females than males were reported in the 13-18 and 19-24 age groups.
- White females equaled or exceeded case counts for HIV prevalence compared to all males and Black females as shown in Table 13.

Table 14. HIV prevalence in heterosexual contacts, by race, by geographic area, North Central HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
Boone County	8	53.3%	7	46.7%	15	34.1%
Cole County	2	28.6%	4	57.1%	7	15.9%
Remaining Counties	17	77.3%	5	22.7%	22	50.0%
NORTH CENTRAL HIV REGION TOTAL	27	61.4%	16	36.4%	44	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentages of race and sex in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

- Among Whites living with HIV who reported heterosexual contact as their likely mode of transmission, 29.6% were diagnosed in Boone County, 7.4% in Cole County, and 63% in the remaining counties of the North Central HIV Region.
- Among Blacks living with HIV in this exposure category, 43.8% were diagnosed in Boone County, 25% in Cole County, and 31.3% in the remaining counties of the region.
- This distribution has remained fairly stable as compared to 2003.

Table 15. HIV and AIDS cases with exposure category assignments for NIRs, North Central HIV Region, 2004 and cumulative (1982-2004)

Exposure Category	HIV cases				AIDS cases			
	2004*		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	11	68.8%	101	54.3%	4	80.0%	239	57.3%
Men who have sex with man and inject drugs	0	0.0%	8	4.3%	0	0.0%	35	8.4%
Injecting drug use	3	18.8%	18	9.7%	0	0.0%	25	6.0%
Heterosexual contact	2	12.5%	58	31.2%	1	20.0%	70	16.8%
Hemophilia/coagulation disorder	0	0.0%	1	0.5%	0	0.0%	30	7.2%
Blood transfusion/tissue recipient	0	0.0%	0	0.0%	0	0.0%	18	4.3%
No indicated risk	-----	-----	-----	-----	-----	-----	-----	-----
ADULT/ADOLESCENT SUBTOTAL	16	100.0%	186	100.0%	5	100.0%	417	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	0	0.0%	2	100.0%	0	0.0%	9	100.0%
TOTAL	16		188		5		426	

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

- In 2004, five (31.3%) of the HIV cases and one (20%) of the AIDS cases diagnosed in the North Central HIV Region were classified as "No Indicated Risk".

GONORRHEA**Table 1. Reported gonorrhea cases and rates, by selected race and county*, North Central HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Boone County	79	35.0%	69.1	120	53.1%	1,045.4	226	100.0%	166.8
Cole County	39	36.1%	63.2	52	48.1%	737.7	108	100.0%	151.3
Pettis County	47	67.1%	131.2	17	24.3%	1,439.5	70	100.0%	177.7
Callaway County	17	42.5%	45.7	17	42.5%	738.2	40	100.0%	98.1
Audrain County	7	25.9%	29.9	11	40.7%	594.9	27	100.0%	104.4
Marion County	8	38.1%	30.5	10	47.6%	767.5	21	100.0%	74.2
Adair County	11	64.7%	46.3	4	23.5%	1,374.6	17	100.0%	68.1
Cooper County	8	53.3%	54.2	2	13.3%	135.0	15	100.0%	90.0
Randolph County	6	42.9%	27.1	8	57.1%	465.9	14	100.0%	56.8
Saline County	5	45.5%	23.9	5	45.5%	394.3	11	100.0%	46.3
Lewis County	2	28.6%	19.9	4	57.1%	1,515.2	7	100.0%	66.7
Miller County	7	100.0%	30.5	0	0.0%	0.0	7	100.0%	29.7
Linn County	4	100.0%	29.8	0	0.0%	0.0	4	100.0%	29.1
Moniteau County	4	100.0%	29.5	0	0.0%	0.0	4	100.0%	27.0
Camden County	3	100.0%	8.3	0	0.0%	0.0	3	100.0%	8.1
Howard County	0	0.0%	0.0	3	100.0%	432.3	3	100.0%	29.4
Macon County	1	33.3%	6.6	2	66.7%	576.4	3	100.0%	19.0
Monroe County	2	66.7%	22.8	0	0.0%	0.0	3	100.0%	32.2
Morgan County	3	100.0%	16.0	0	0.0%	0.0	3	100.0%	15.5
Pike County	1	33.3%	6.2	0	0.0%	0.0	3	100.0%	16.3
Gasconade County	2	100.0%	13.2	0	0.0%	0.0	2	100.0%	13.0
Shelby County	2	100.0%	30.2	0	0.0%	0.0	2	100.0%	29.4
Chariton County	0	0.0%	0.0	0	0.0%	0.0	1	100.0%	11.9
Maries County	0	0.0%	0.0	0	0.0%	0.0	1	100.0%	11.2
Osage County	1	100.0%	7.8	0	0.0%	0.0	1	100.0%	7.7
Putnam County	1	100.0%	19.4	0	0.0%	0.0	1	100.0%	19.1
Ralls County	1	100.0%	10.6	0	0.0%	0.0	1	100.0%	10.4
Schuyler County	1	100.0%	24.5	0	0.0%	0.0	1	100.0%	24.0
Sullivan County	1	100.0%	15.4	0	0.0%	0.0	1	100.0%	13.9
NORTH CENTRAL HIV REGION TOTAL	263	43.8%	40.6	255	42.5%	730.1	600	100.0%	84.3

*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

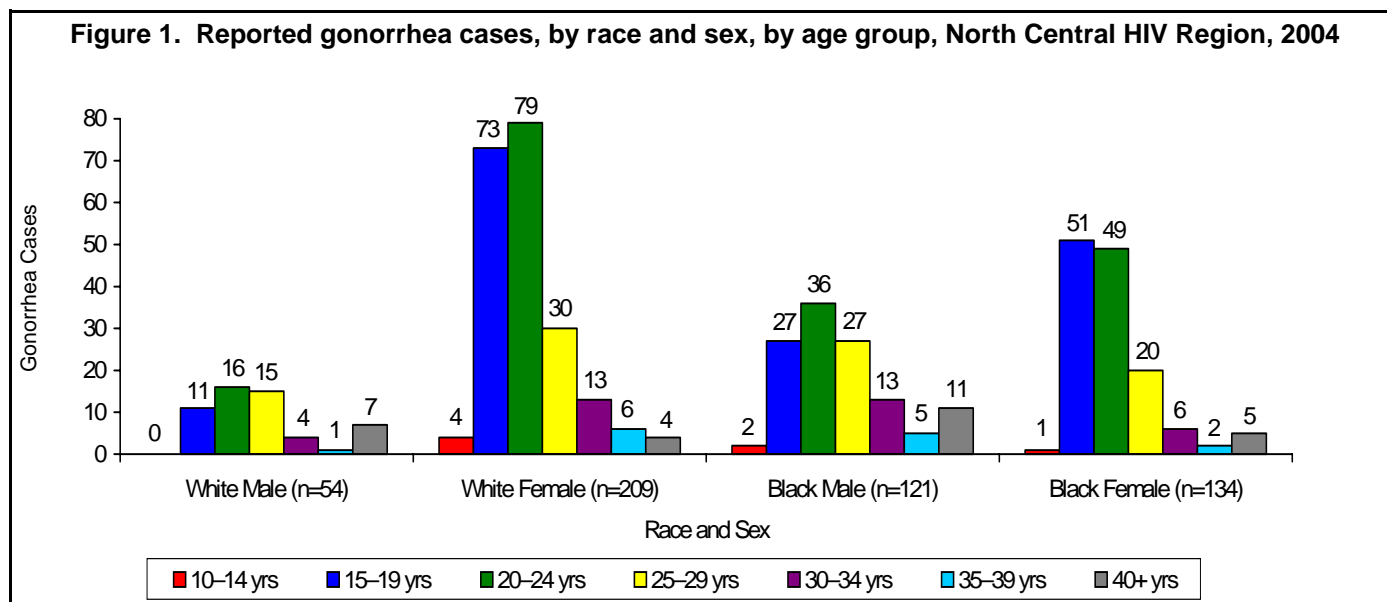
***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding.

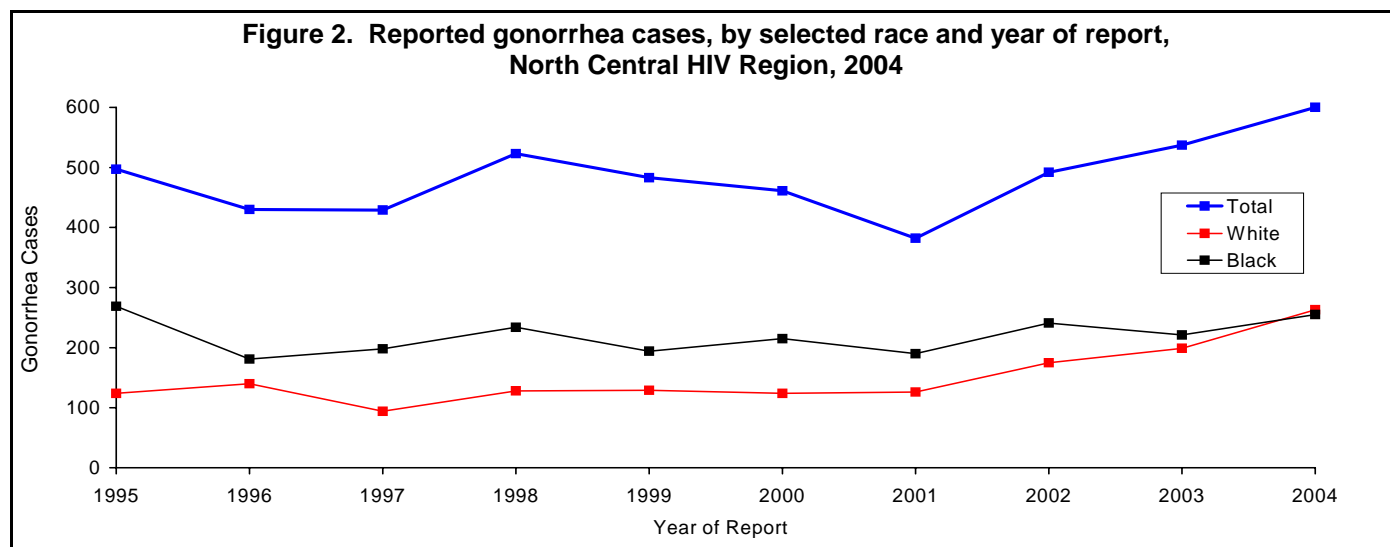
- The case rate for Blacks in the North Central HIV Region was 18 times higher than the case rate for Whites.
- In 2004, Boone County reported the highest percentage of cases (37.7%) among all the counties in the North Central HIV Region.

(Continued from the previous page.)

- In 2004, the number of gonorrhea cases reported increased by 63 (11.7%) over the number of cases reported in 2003 in the North Central HIV Region.



- Figure 1 depicts 518 (86.3%) cases with complete information for race, sex, and age of the 600 gonorrhea cases reported in 2004.
- In the four specific groups depicted, the highest percentage (34.7%) of cases reported were in individuals 20 to 24 years old.
- The age group with second highest percentage (31.3%) of cases reported were in individuals 15 to 19 years old.
- Among White females, 37.8% of the cases were in individuals 20 to 24 years old.
- Among Black females, 38.1% of the cases were in individuals 15 to 19 years old.



- From 1995 through 2001, the number of gonorrhea cases reported in the North Central HIV Region has fluctuated, but demonstrated an overall downward trend. From 2002 through 2004, the trend increased.
- From 1995 through 2001, the number of gonorrhea cases reported in the North Central HIV Region for Whites and Black has fluctuated, but overall has demonstrated a decrease. However, from 2002 through 2004, the trend for Whites has sharply increased.

CHLAMYDIA

Table 2. Reported chlamydia cases and rates, by race and county*, North Central HIV Region, 2004

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Boone County	369	50.4%	322.6	268	36.6%	2,334.7	732	100.0%	540.4
Cole County	89	40.0%	144.3	106	39.2%	1,503.8	231	100.0%	323.5
Marion County	101	63.1%	385.0	21	19.1%	1,611.7	141	100.0%	498.4
Pettis County	86	59.0%	240.2	12	14.8%	1,016.1	132	100.0%	335.0
Callaway County	81	60.2%	217.8	24	14.4%	1,042.1	124	100.0%	31.1
Audrain County	34	46.6%	145.1	22	28.9%	1,189.8	76	100.0%	294.0
Camden County	47	70.1%	130.7	3	4.5%	3,191.5	67	100.0%	180.8
Randolph County	49	75.4%	221.1	7	10.8%	407.7	65	100.0%	263.6
Adair County	38	65.5%	160.1	7	12.1%	2,405.5	58	100.0%	232.2
Cooper County	22	46.8%	149.0	14	29.8%	944.7	47	100.0%	281.9
Saline County	25	55.6%	119.5	12	26.7%	946.4	45	100.0%	189.4
Miller County	32	86.5%	139.5	1	2.7%	1,587.3	37	100.0%	157.0
Pike County	14	50.0%	86.9	5	17.9%	299.0	28	100.0%	152.6
Macon County	18	66.7%	119.4	5	18.5%	1,440.9	27	100.0%	171.3
Moniteau County	19	76.0%	140.2	0	0.0%	0.0	25	100.0%	168.6
Morgan County	21	91.3%	112.3	0	0.0%	0.0	23	100.0%	119.1
Lewis County	16	72.7%	159.5	4	18.2%	1,515.2	22	100.0%	209.6
Linn County	19	95.0%	141.7	0	0.0%	0.0	20	100.0%	145.4
Montgomery County	13	72.2%	112.1	3	16.7%	1,224.5	18	100.0%	148.3
Ralls County	15	93.8%	159.7	0	0.0%	0.0	16	100.0%	166.2
Howard County	8	53.3%	86.3	5	33.3%	720.5	15	100.0%	146.9
Monroe County	10	66.7%	114.0	2	13.3%	560.2	15	100.0%	161.1
Sullivan County	11	78.6%	169.0	0	0.0%	0.0	14	100.0%	193.9
Osage County	8	72.7%	62.4	0	0.0%	0.0	11	100.0%	84.2
Chariton County	6	60.0%	74.4	0	0.0%	0.0	10	100.0%	118.5
Gasconade County	9	90.0%	59.6	0	0.0%	0.0	10	100.0%	65.2
Maries County	5	55.6%	58.1	2	22.2%	6,896.6	9	100.0%	101.1
Clark County	3	75.0%	41.1	0	0.0%	0.0	4	100.0%	53.9
Putnam County	3	100.0%	58.2	0	0.0%	0.0	3	100.0%	57.4
Scotland County	0	0.0%	0.0	0	0.0%	0.0	3	100.0%	60.2
Knox County	1	100.0%	23.4	0	0.0%	0.0	1	100.0%	22.9
Schuyler County	1	100.0%	24.5	0	0.0%	0.0	1	100.0%	24.0
Shelby County	1	100.0%	15.1	0	0.0%	0.0	1	100.0%	14.7
NORTH CENTRAL HIV REGION TOTAL	1,174	57.8%	181.0	523	25.8%	1,497.5	2,031	100.0%	285.4

*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

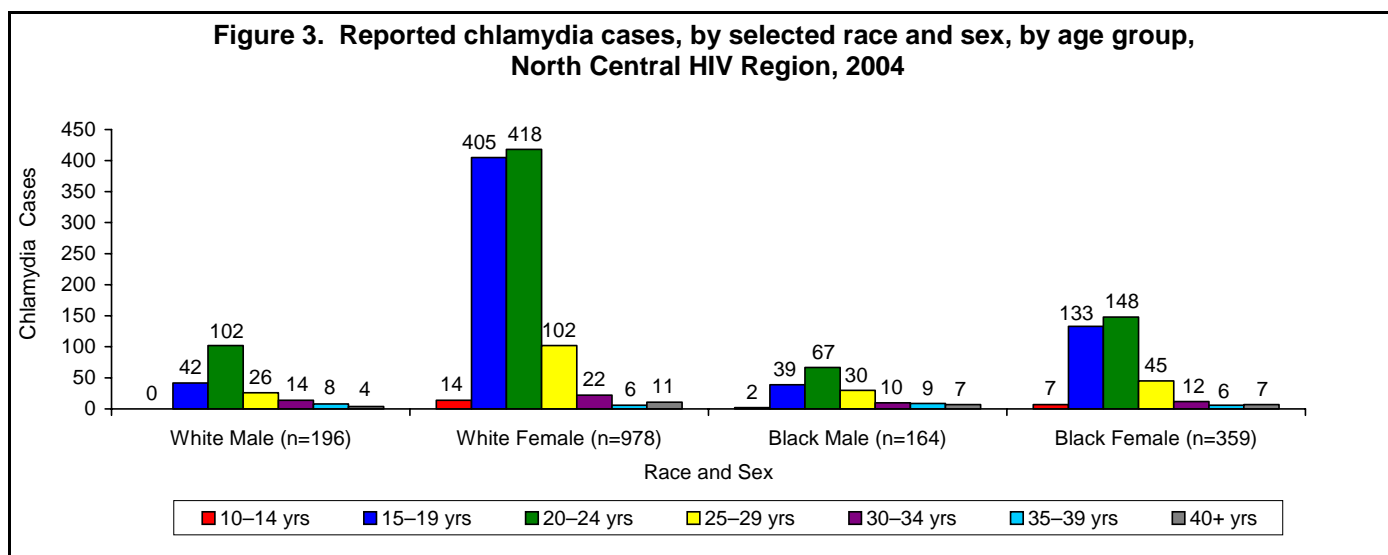
***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding.

- The case rate for Blacks in the North Central HIV Region was 8.3 times higher than the case rate for Whites.

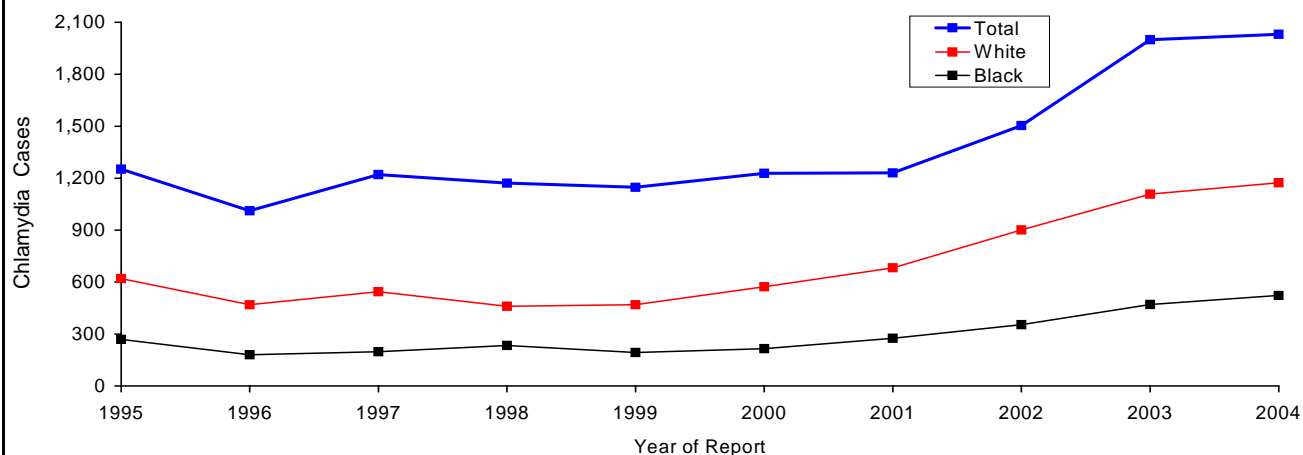
(Continued from the previous page.)

- In 2004, Boone County reported the highest percentage of cases (36.0%) among all the counties in the North Central HIV Region.
- In 2004, the number of chlamydia cases reported increased by 32 (1.6%) over the number of cases reported in 2003 in the North Central HIV Region.



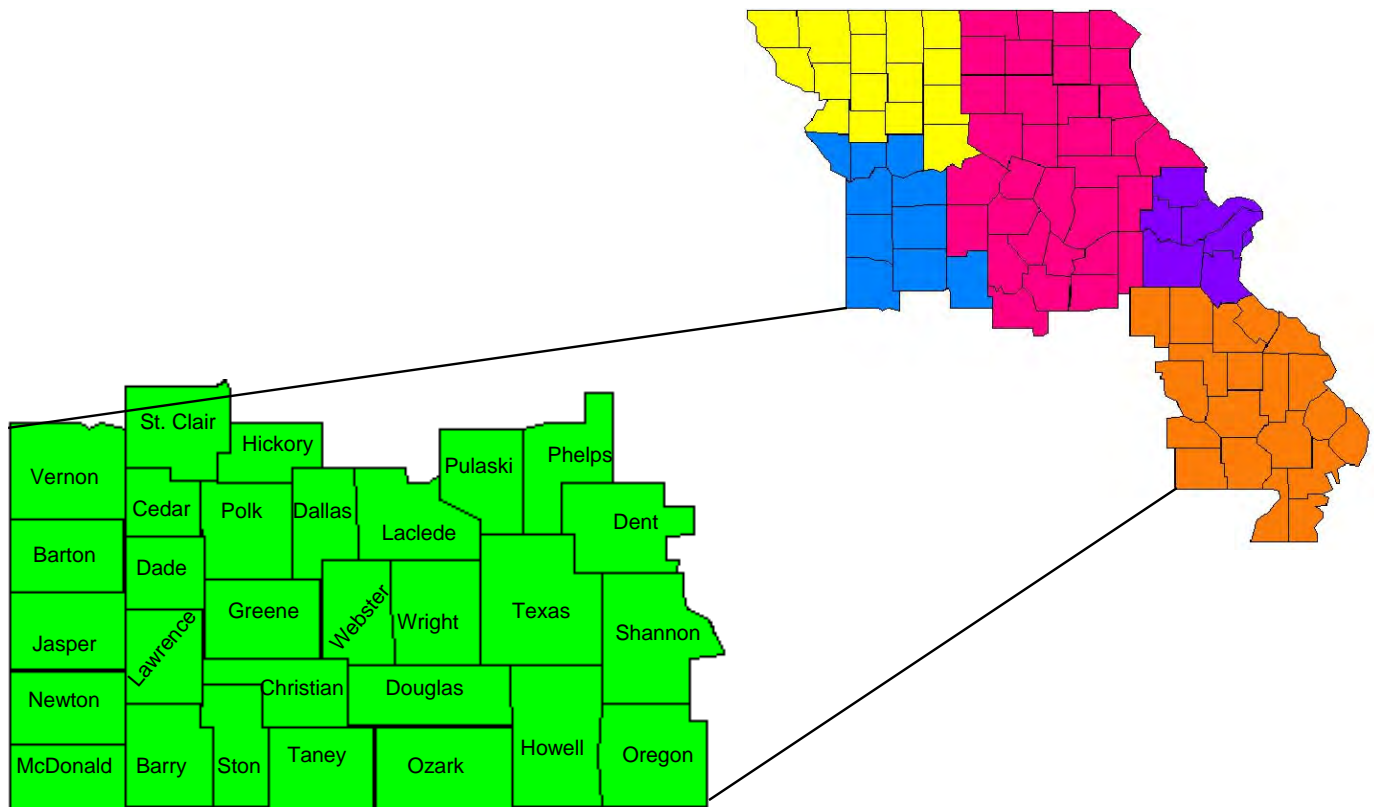
- Figure 3 depicts 1,697 (83.6%) cases with complete information for race, sex, and age of the 2,031 chlamydia cases reported in 2004.
- In the four age groups depicted, the highest percentage (43.3%) of cases reported were in individuals 20 to 24 years old.
- The age group with second highest percentage (36.5%) of cases reported were in individuals 15 to 19 years old.

Figure 4. Reported chlamydia cases, by selected race and year of report, North Central HIV Region, 2004



- The number of chlamydia cases reported in the North Central HIV Region was basically stable from 1995 through 2001. The number of cases increased sharply in 2002 and 2003, followed by a minor increase in 2004.
- The same general trend as the state can be seen for Whites and Blacks from 1995 through 1999. The number of cases in Whites and Blacks have been increasing each year beginning in 2000.

SOUTHWEST HIV REGION



2000 population estimates for the Southwest HIV Region*

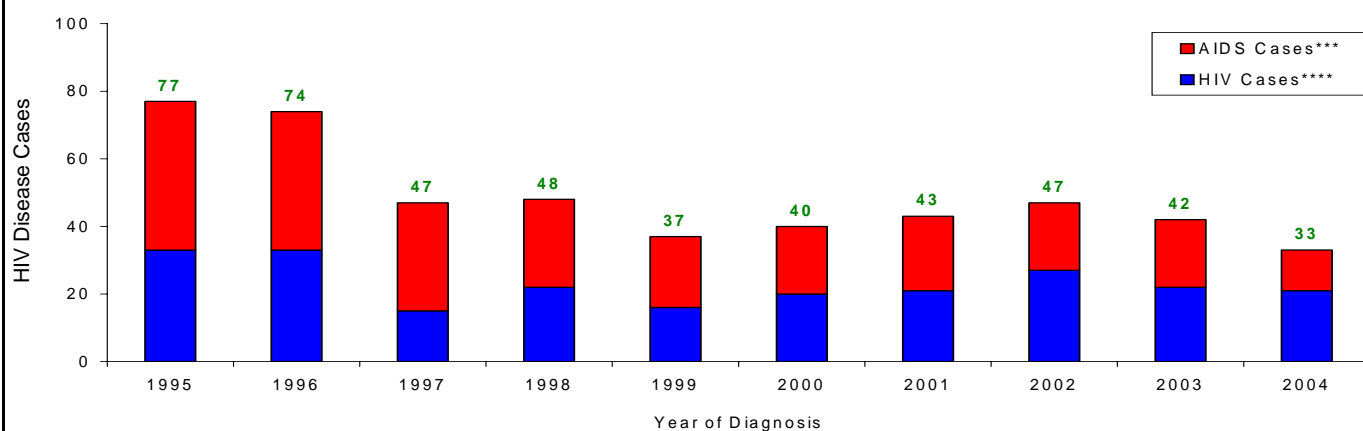
County	White		African American		American Indian		Asian/Pacific Islander		Hispanic		Total**	
Barry County	31,486	92.6%	30	0.1%	279	0.8%	96	0.3%	1,713	5.0%	34,010	100.0%
Barton County	12,078	96.3%	36	0.3%	97	0.8%	42	0.3%	119	0.9%	12,541	100.0%
Cedar County	13,180	96.0%	44	0.3%	88	0.6%	68	0.5%	153	1.1%	13,733	100.0%
Christian County	52,409	96.5%	139	0.3%	281	0.5%	169	0.3%	714	1.3%	54,285	100.0%
Dade County	7,670	96.8%	21	0.3%	56	0.7%	15	0.2%	67	0.8%	7,923	100.0%
Dallas County	15,164	96.8%	19	0.1%	117	0.7%	15	0.1%	147	0.9%	15,661	100.0%
Dent County	14,420	96.6%	55	0.4%	105	0.7%	34	0.2%	112	0.8%	14,927	100.0%
Douglas County	12,607	96.4%	14	0.1%	121	0.9%	28	0.2%	110	0.8%	13,084	100.0%
Greene County	222,447	92.5%	5,322	2.2%	1,513	0.6%	2,817	1.2%	4,434	1.8%	240,391	100.0%
Hickory County	8,675	97.0%	7	0.1%	56	0.6%	10	0.1%	68	0.8%	8,940	100.0%
Howell County	35,623	95.7%	114	0.3%	331	0.9%	141	0.4%	450	1.2%	37,238	100.0%
Jasper County	95,336	91.1%	1,520	1.5%	1,341	1.3%	760	0.7%	3,615	3.5%	104,686	100.0%
Laclede County	31,296	96.3%	138	0.4%	148	0.5%	109	0.3%	401	1.2%	32,513	100.0%
Lawrence County	33,213	94.3%	68	0.2%	252	0.7%	86	0.2%	1,195	3.4%	35,204	100.0%
McDonald County	18,348	84.6%	33	0.2%	595	2.7%	56	0.3%	2,030	9.4%	21,681	100.0%
Newton County	48,642	92.4%	298	0.6%	1,143	2.2%	310	0.6%	1,147	2.2%	52,636	100.0%
Oregon County	9,696	93.7%	10	0.1%	295	2.9%	15	0.1%	113	1.1%	10,344	100.0%
Ozark County	9,249	96.9%	14	0.1%	59	0.6%	8	0.1%	90	0.9%	9,542	100.0%
Phelps County	36,884	92.6%	586	1.5%	226	0.6%	959	2.4%	485	1.2%	39,825	100.0%
Polk County	26,024	96.4%	119	0.4%	176	0.7%	59	0.2%	350	1.3%	26,992	100.0%
Pulaski County	31,200	75.8%	4,858	11.8%	377	0.9%	1,049	2.5%	2,404	5.8%	41,165	100.0%
Shannon County	7,864	94.5%	14	0.2%	148	1.8%	6	0.1%	77	0.9%	8,324	100.0%
St. Clair County	9,338	96.7%	20	0.2%	72	0.7%	16	0.2%	95	1.0%	9,652	100.0%
Stone County	27,797	97.0%	17	0.1%	164	0.6%	61	0.2%	298	1.0%	28,658	100.0%
Taney County	37,651	94.8%	129	0.3%	309	0.8%	157	0.4%	962	2.4%	39,703	100.0%
Texas County	22,034	95.8%	47	0.2%	208	0.9%	82	0.4%	221	1.0%	23,003	100.0%
Vernon County	19,742	96.5%	125	0.6%	160	0.8%	69	0.3%	172	0.8%	20,454	100.0%
Webster County	29,607	95.4%	358	1.2%	190	0.6%	86	0.3%	400	1.3%	31,045	100.0%
Wright County	17,440	97.1%	49	0.3%	116	0.6%	26	0.1%	139	0.8%	17,955	100.0%
Region Totals	937,120	93.1%	14,204	1.4%	9,023	0.9%	7,349	0.7%	22,281	2.2%	1,006,115	100.0%

*Based on 2000 US Census Bureau data.

**Totals include persons of Other/Unknown races/ethnicities not listed.

MAGNITUDE AND IMPACT OF THE PROBLEM

Figure 1. HIV disease cases, by current status* and year of diagnosis, Southwest HIV Region, 1995—2004**



*HIV case vs. AIDS case

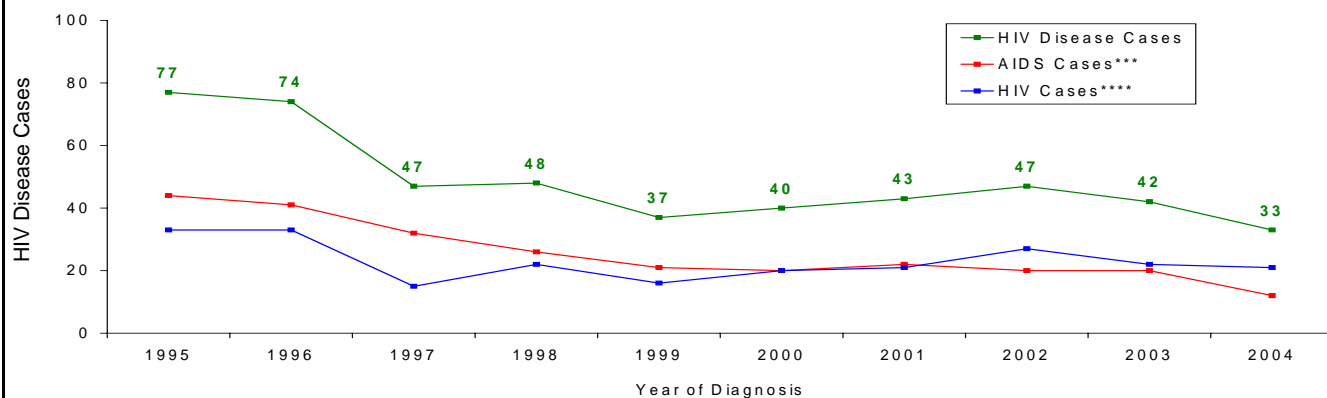
**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- At the end of December 2004, there were 1,074 cumulative HIV disease cases diagnosed in the Southwest HIV Region. Of these, 337 were HIV cases, and 737 were AIDS cases.
- The number of HIV cases diagnosed in 2004 in this region was 8.7% fewer than the 2003 total. There was a 25% decrease in AIDS cases in the same period.
- For additional information, refer to the interpretation guidelines.

Figure 2. HIV disease cases, by current status* and year of diagnosis, Southwest HIV Region, 1995—2004**

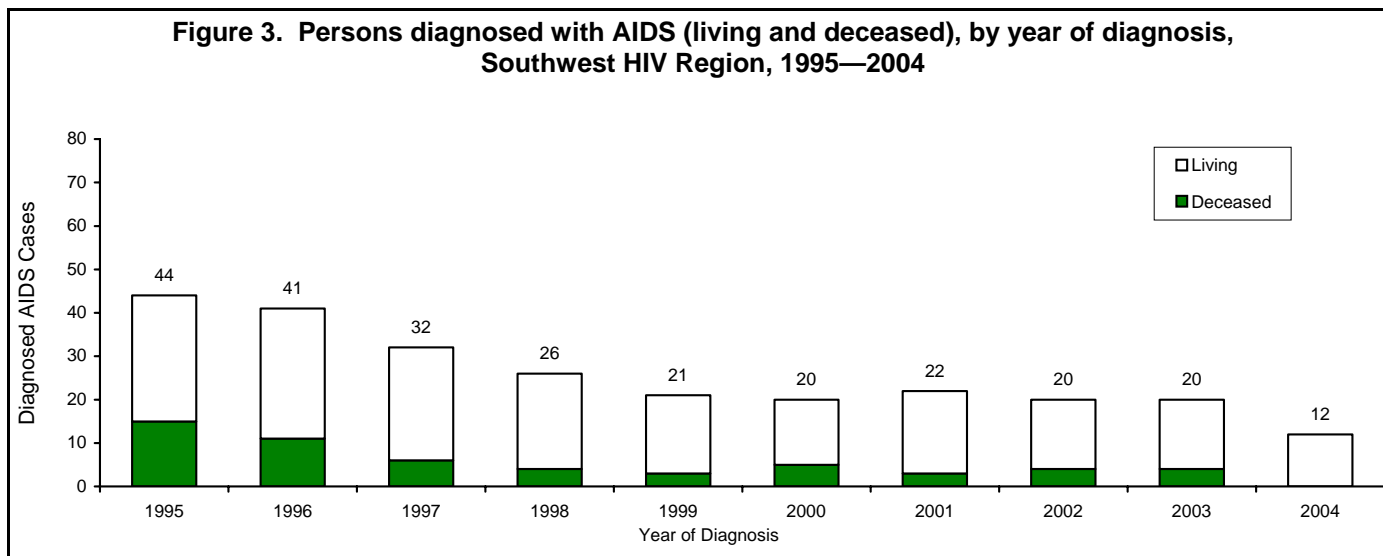


*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)



- Of the 737 AIDS cases diagnosed in the Southwest HIV Region, 338 (45.9%) were still living at the end of 2004.
- In the Southwest HIV Region, no deaths were reported in persons newly diagnosed with AIDS in 2004.

WHO

Table 1. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, Southwest HIV Region, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	16	76.2%	3.2	11	91.7%	2.2	27	81.8%	5.5
Female	5	23.8%	1.0	1	8.3%	0.2	6	18.2%	1.2
Total	21	100.0%	2.1	12	100.0%	1.2	33	100.0%	3.3
White	16	76.2%	1.7	12	100.0%	1.3	28	84.8%	3.0
Black	4	19.0%	28.2	0	0.0%	0.0	4	12.1%	28.2
Hispanic	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian	1	4.8%	13.6	0	0.0%	0.0	1	3.0%	13.6
American Indian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Total	21	100.0%	2.1	12	100.0%	1.2	33	100.0%	3.3
White Male	13	81.3%	2.8	11	100.0%	2.4	24	88.9%	5.2
Black Male	2	12.5%	24.5	0	0.0%	0.0	2	7.4%	24.5
Hispanic Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Male	1	6.3%	28.8	0	0.0%	0.0	1	3.7%	28.8
American Indian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Total	16	100.0%	3.2	11	100.0%	2.2	27	100.0%	5.5
White Female	3	60.0%	0.6	1	0.0%	0.2	4	66.7%	0.8
Black Female	2	40.0%	33.2	0	0.0%	0.0	2	33.3%	33.2
Hispanic Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Total	5	100.0%	1.0	1	0.0%	0.2	6	100.0%	1.2

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2004.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- From 2003 to 2004, there was a 300% (4 person) increase in the number of females reported with HIV disease in this region. Additionally, there was a 27% decrease in the number of males reported with the disease.
- Between 2003 and 2004, there was a 15.4% decrease in the number of newly diagnosed HIV disease cases.
- Consistent with trends from previous years, the majority of cases were White males. There was a 20% decrease in the number of Whites diagnosed with HIV disease in this region. The number of cases in Blacks decreased by one and case counts in persons of other races/ethnicities remained the same.

WHERE

Table 2. HIV and AIDS cases and rates, by geographic area, Southwest HIV Region, 2004 and cumulative*												
Geographic Area	HIV cases						AIDS cases					
	Diagnosed 2004**			Cumulative			Diagnosed 2004			Cumulative		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Location												
Greene County	6	28.6%	2.5	134	39.8%	55.7	4	33.3%	1.7	312	42.3%	129.8
Jasper County	0	0.0%	0.0	41	12.2%	39.2	3	25.0%	2.9	115	15.6%	109.9
Pulaski County	0	0.0%	0.0	14	4.2%	34.0	1	8.3%	2.4	29	3.9%	70.4
Christian County	2	9.5%	3.7	18	5.3%	33.2	1	8.3%	1.8	25	3.4%	46.1
Taney County	3	14.3%	7.6	18	5.3%	45.3	0	0.0%	0.0	28	3.8%	70.5
Remainder of Region	10	47.6%	1.9	112	33.2%	21.3	3	25.0%	0.6	228	30.9%	43.4
SOUTHWEST HIV REGION TOTAL	21	100.0%	2.1	337	100.0%	33.5	12	100.0%	1.2	737	100.0%	73.3
*Includes all cases, living and deceased. **HIV cases diagnosed and reported to the Department during 2004 which remained HIV cases at the end of the year. ***Per 100,000 population based on 2000 US Census Bureau data. Note: Percentages may not total due to rounding.												

- As in past years, Greene County (where Springfield, the largest metropolitan area in the region, is located) had the greatest number of new HIV disease cases.
- In 2003, Jasper County had seven new HIV cases and six new AIDS cases; this year, this county had no new HIV cases and three new AIDS cases.
- There were no new HIV cases reported in Taney County residents in 2003, yet there were three new HIV cases reported in 2004. No new AIDS diagnoses were reported in either year for Taney County.

EXPOSURE CATEGORIES

Men Who Have Sex with Men (MSM)

Table 3. Incidence and prevalence of HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Southwest HIV Region, 2004

Race/Ethnicity	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	8	80.0%	132	93.0%	7	100.0%	180	92.8%
Black	1	10.0%	5	3.5%	0	0.0%	11	5.7%
Hispanic	0	0.0%	2	1.4%	0	0.0%	1	0.5%
Other/Unknown	1	10.0%	3	2.1%	0	0.0%	2	1.0%
SOUTHWEST HIV REGION TOTAL	10	100.0%	142	100.0%	7	100.0%	194	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- Consistent with 2003 totals in this region, the majority of HIV disease cases among MSM were White.
- Of the 321 living HIV cases in the region, 142 (44.2%) were MSM.

Table 4. HIV prevalence in men who have sex with men, by selected race/ethnicity, by age, Southwest HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	1	0.8%	0	0.0%	0	0.0%	1	0.7%
19-24	17	12.9%	3	60.0%	0	0.0%	22	15.5%
25-44	99	75.0%	2	40.0%	2	100.0%	104	73.2%
45-64	14	10.6%	0	0.0%	0	0.0%	14	9.9%
65+	1	0.8%	0	0.0%	0	0.0%	1	0.7%
SOUTHWEST HIV REGION TOTAL	132	100.0%	5	100.0%	2	100.0%	142	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- HIV infected MSM in the Southwest HIV Region were distributed throughout all age groups, with the highest concentration in the 25-44 group; this is consistent with trends from previous years.

Table 5. HIV prevalence in men who have sex with men, by selected race, by geographic area, Southwest HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
Greene County	65	95.6%	1	1.5%	68	47.9%
Jasper County	17	94.4%	0	0.0%	18	12.7%
Christian County	10	100.0%	0	0.0%	10	7.0%
Remaining Counties	40	87.0%	4	8.7%	46	32.4%
SOUTHWEST HIV REGION TOTAL	132	93.0%	5	3.5%	142	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.
 **Percentage of race in each area.
 ***Percentage of cases per area.
 Note: Percentages may not total due to rounding.

- Among White MSM diagnosed with HIV who were still alive at the end of 2004, 49.2% were living in Greene County when diagnosed, 12.9% were living in Jasper County, 7.6% were living in Christian County, and 30.3% were living in the remaining counties in the Southwest HIV Region.
- Among Black MSM diagnosed with HIV who were still alive at the end of 2004, 20% were living in Greene County when diagnosed and 80% were living in the remaining counties in the region.
- These percentages changed by no more than one-third of a percent since 2003.

Men Who Have Sex with Men and Inject Drugs (MSM/IDU)

Table 6. HIV and AIDS incidence and prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, Southwest HIV Region, 2004

Race/Ethnicity	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	0	0.0%	18	90.0%	0	0.0%	34	89.5%
Black	0	0.0%	1	5.0%	0	0.0%	3	7.9%
Hispanic	0	0.0%	0	0.0%	0	0.0%	1	2.6%
Other/Unknown	0	0.0%	1	5.0%	0	0.0%	0	0.0%
SOUTHWEST HIV REGION TOTAL	0	--	20	100.0%	0	--	38	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- In both 2003 and 2004, there were no new HIV disease cases with a MSM/IDU risk factor reported.
- The racial/ethnic distributions of living HIV disease cases were consistent with population based expectations.

Table 7. HIV prevalence in men who have sex with men and inject drugs, by selected race, by age, Southwest HIV Region, 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	0	0.0%
19-24	3	16.7%	0	0.0%	3	15.0%
25-44	13	72.2%	1	100.0%	15	75.0%
45-64	2	11.1%	0	0.0%	2	10.0%
65+	0	0.0%	0	0.0%	0	0.0%
SOUTHWEST HIV REGION TOTAL	18	100.0%	1	100.0%	20	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- As reported in previous years, living HIV cases were predominantly in White males in the 25-44 age group.
- Though 25-44 year olds make up only 27.6% of the white males in the region, they represent 72.2% of living HIV cases within this demographic.

Table 8. HIV Prevalence in men who have sex with men and inject drugs, by geographic area, Southwest HIV Region, 2004

Geographic Area	Total	
	Cases	%
Greene County	8	40.0%
Jasper County	2	10.0%
Taney County	3	15.0%
Remaining Counties	7	35.0%
SOUTHWEST HIV REGION TOTAL	20	100.0%

Note: Percentages may not total due to rounding.

- As seen in other modes of transmission, the largest number of MSM/IDU cases were reported in Greene County residents.

Injecting Drug Users (IDU)

Table 9. HIV and AIDS incidence and prevalence in injecting drug users, by selected race, Southwest HIV Region, 2004

Race and Sex	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	2	50.0%	17	47.2%	2	100.0%	21	61.8%
Black Male	0	0.0%	0	0.0%	0	0.0%	2	5.9%
White Female	1	25.0%	14	38.9%	0	0.0%	7	20.6%
Black Female	1	25.0%	2	5.6%	0	0.0%	1	2.9%
SOUTHWEST HIV REGION TOTAL	4	100.0%	36	100.0%	2	100.0%	34	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- In 2003, there were no reported IDU HIV cases within this region. There were four reported IDU cases in 2004.
- The number of new AIDS cases in this region decreased by 50% from 2003 to 2004.
- 20 of the 36 (55.6%) living HIV cases with this risk factor were in males. (This includes three males not depicted in Table 9.)

Table 10. HIV prevalence in injecting drug users, by selected race, by age, Southwest HIV Region, 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	1	3.2%	0	0.0%	1	2.8%
19-24	4	12.9%	1	50.0%	5	13.9%
25-44	22	71.0%	1	50.0%	26	72.2%
45-64	4	12.9%	0	0.0%	4	11.1%
65+	0	0.0%	0	0.0%	0	0.0%
SOUTHWEST HIV REGION TOTAL	31	100.0%	2	100.0%	36	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- As seen in previous years, most injecting drug users were White and in the 25-44 age group.

Table 11. HIV prevalence in injecting drug users, by geographic area, Southwest HIV Region, 2004

Geographic Area	Total	
	Cases	%
Greene County	15	41.7%
Jasper County	2	5.6%
Remaining Counties	19	52.8%
SOUTHWEST HIV REGION TOTAL*	36	100.0%

Note: Percentages may not total due to rounding.

- The number of living HIV cases reported in Jasper County residents decreased 71.4% from 2003 to 2004.

Heterosexual Contacts

Table 12. HIV and AIDS incidence and prevalence in heterosexual contacts, by selected race and sex, Southwest HIV Region, 2004

Race/Ethnicity and Gender	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	1	20.0%	14	19.4%	0	0.0%	14	29.8%
Black Male	1	20.0%	8	11.1%	0	0.0%	2	4.3%
White Female	2	40.0%	39	54.2%	0	0.0%	24	51.1%
Black Female	1	20.0%	10	13.9%	0	0.0%	4	8.5%
SOUTHWEST HIV REGION TOTAL	5	100.0%	72	100.0%	0	--	47	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- The number of new HIV disease cases between 2003 and 2004 was similar. There was one fewer HIV case reported in 2004 than in 2003. In both 2003 and 2004, there were no new AIDS cases who reported a heterosexual contact risk factor.
- In 2003, males accounted for 29.8% of living HIV disease cases for this region. In 2004, the proportion of male HIV disease cases increased to 31.9%.
- In Missouri, a majority of HIV disease cases who reported heterosexual contact as a risk factor for HIV were women; additionally, in the Southwest HIV Region an increase in the number of females reporting heterosexual contact was observed.

Table 13. HIV prevalence in heterosexual contacts, by selected race/ethnicity, by age, Southwest HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	3	7.7%	1	10.0%	4	5.6%
19-24	4	28.6%	0	0.0%	12	30.8%	0	0.0%	17	23.6%
25-44	10	71.4%	8	100.0%	24	61.5%	9	90.0%	51	70.8%
45-64	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SOUTHWEST HIV REGION TOTAL	14	100.0%	8	100.0%	39	100.0%	10	100.0%	72	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with previous years, the majority of living heterosexual HIV cases were in Whites aged 25-44.
- In the Black population, the majority of cases were in the 25-44 age group as well; however, there was little difference between the number of males and females reported.

Table 14. HIV prevalence in heterosexual contacts, by selected race, by geographic area, Southwest HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
Greene County	10	52.6%	9	47.4%	19	26.4%
Jasper County	11	84.6%	1	7.7%	13	18.1%
Pulaski County	1	25.0%	3	75.0%	4	5.6%
Remaining Counties	31	86.1%	5	13.9%	36	50.0%
SOUTHWEST HIV REGION TOTAL	53	73.6%	18	25.0%	72	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.
 **Percentage of race in each area.
 ***Percentage of cases per area.
 Note: Percentages may not total due to rounding.

- Among Whites diagnosed with HIV who reported heterosexual contact as their likely mode of transmission and were still alive at the end of 2004, 20.8% were living in Jasper County when diagnosed, 18.9% were living in Greene County, 1.9% were living in Pulaski County, and 58.5% were living in the remaining counties of the Southwest HIV Region.
- Among Blacks diagnosed with HIV who reported heterosexual contact as their likely mode of transmission and were still alive at the end of 2004, 50% were living in Greene County when diagnosed, 16.7% were living in Pulaski County, 5.5% were living in Jasper County, and 27.8% were living in the remaining counties of the region.



Table 15. HIV and AIDS cases with exposure category assignments for NIRs, Southwest HIV Region, 2004 and cumulative (1982-2004)

Exposure Category	HIV cases				AIDS cases			
	2004*		Cumulative		2004		Cumulative	
Adult/Adolescent								
Men who have sex with men	12	57.1%	165	50.3%	8	66.7%	457	62.9%
Men who have sex with men and inject drugs	0	0.0%	24	7.3%	0	0.0%	75	10.3%
Injecting drug use	4	19.0%	43	13.1%	2	16.7%	73	10.0%
Heterosexual contacts	5	23.8%	88	26.8%	1	8.3%	88	12.1%
Hemophilia/coagulation disorder	0	0.0%	5	1.5%	0	0.0%	22	3.0%
Blood transfusion or tissue recipient	0	0.0%	3	0.9%	1	8.3%	12	1.7%
No indicated risk	----	-----	----	-----	----	-----	----	-----
ADULT/ADOLESCENT SUBTOTAL	21	100.0%	328	100.0%	12	100.0%	727	100.0%
Pediatric (<13 year old)								
PEDIATRIC SUBTOTAL	0	0.0%	9	100.0%	0	0.0%	10	100.0%
TOTAL	21		337		12		737	

*HIV cases reported during 2004 which remained HIV cases at the end of the year.

Note: Percentages may not total due to rounding.

- In 2004, two (10.5%) of the HIV cases and two (16.7%) of the AIDS cases diagnosed in the Southwest HIV Region were classified as "No Indicated Risk".



GONORRHEA**Table 1. Reported gonorrhea cases and rates, by race and county*, Southwest HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Greene County	156	50.5%	70.1	72	23.3%	1,352.9	309	100.0%	128.5
Jasper County	53	60.9%	55.6	29	33.3%	1,907.9	87	100.0%	83.1
Pulaski County	20	31.7%	64.1	32	50.8%	658.7	63	100.0%	153.0
Christian County	22	78.6%	42.0	2	7.1%	1,438.8	28	100.0%	51.6
Taney County	13	59.1%	34.5	0	0.0%	0.0	22	100.0%	55.4
Barry County	11	68.8%	34.9	3	18.8%	10,000.0	16	100.0%	47.0
Phelps County	5	41.7%	13.6	2	16.7%	341.3	12	100.0%	30.1
Newton County	10	90.9%	20.6	0	0.0%	0.0	11	100.0%	20.9
Webster County	8	72.7%	27.0	1	9.1%	279.3	11	100.0%	35.4
Howell County	3	37.5%	8.4	0	0.0%	0.0	8	100.0%	21.5
Lawrence County	6	85.7%	18.1	0	0.0%	0.0	7	100.0%	19.9
Laclede County	4	66.7%	12.8	0	0.0%	0.0	6	100.0%	18.5
Polk County	4	66.7%	15.4	1	16.7%	840.3	6	100.0%	22.2
Wright County	3	50.0%	17.2	0	0.0%	0.0	6	100.0%	33.4
Barton County	3	60.0%	24.8	0	0.0%	0.0	5	100.0%	39.9
Douglas County	2	40.0%	15.9	0	0.0%	0.0	5	100.0%	38.2
Stone County	5	100.0%	18.0	0	0.0%	0.0	5	100.0%	17.4
Dade County	1	33.3%	13.0	1	33.3%	4,761.9	3	100.0%	37.9
Hickory County	3	100.0%	34.6	0	0.0%	0.0	3	100.0%	33.6
Vernon County	2	66.7%	10.1	0	0.0%	0.0	3	100.0%	14.7
Ozark County	2	100.0%	21.6	0	0.0%	0.0	2	100.0%	21.0
St. Clair County	2	100.0%	21.4	0	0.0%	0.0	2	100.0%	20.7
Texas County	1	50.0%	4.5	0	0.0%	0.0	2	100.0%	8.7
Cedar County	1	100.0%	7.6	0	0.0%	0.0	1	100.0%	7.3
Dallas County	1	100.0%	6.6	0	0.0%	0.0	1	100.0%	6.4
Dent County	1	100.0%	6.9	0	0.0%	0.0	1	100.0%	6.7
McDonald County	1	100.0%	5.5	0	0.0%	0.0	1	100.0%	4.6
Oregon County	0	0.0%	0.0	0	0.0%	0.0	1	100.0%	9.7
Shannon County	1	100.0%	12.7	0	0.0%	0.0	1	100.0%	12.0
SOUTHWEST HIV REGION TOTAL	344	54.8%	36.7	143	22.8%	1,006.8	628	100.0%	62.4

*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

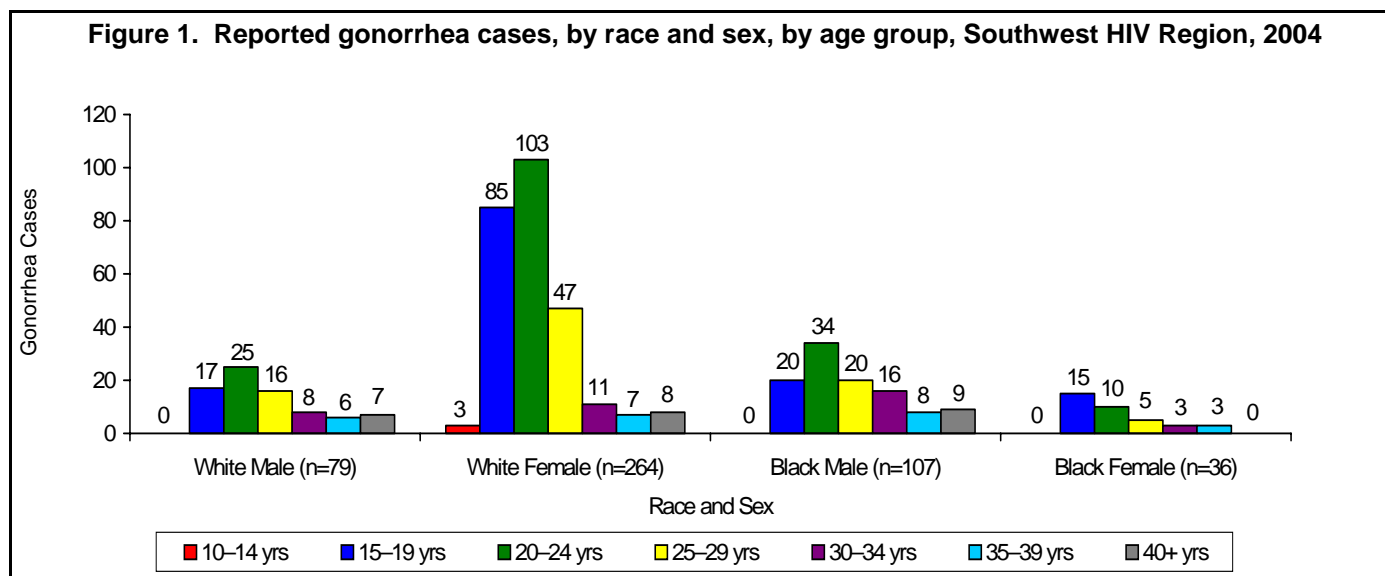
Note: Row percentages are shown. Percentages may not total due to rounding.

- The case rate for Blacks in the Southwest HIV Region was 27.4 times higher than the case rate for Whites.
- In 2004, Greene County reported the highest percentage of cases (49.2%) among all the counties in the Southwest HIV Region.

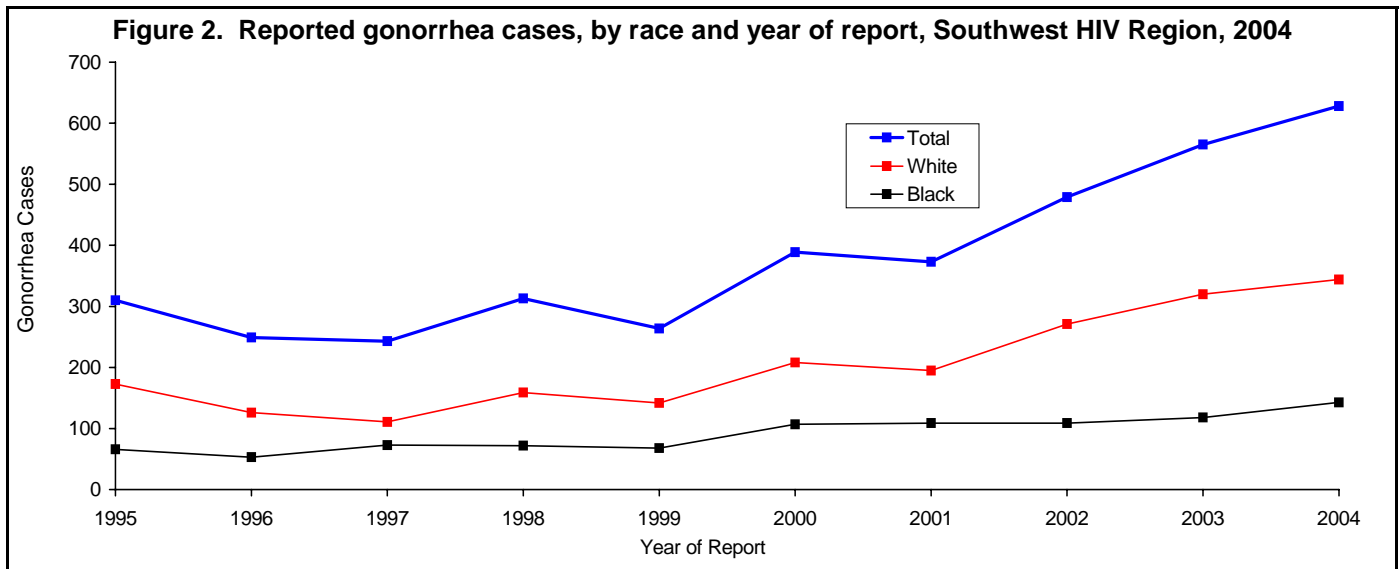
STD Epi Profiles Summary: Southwest HIV Region

(Continued from the previous page.)

- In 2004, the number of gonorrhea cases reported increased by 63 (11.2%) over the number of cases reported in 2003 in the Southwest HIV Region.



- Figure 1 depicts 486 (77.4%) cases with complete information for race, sex, and age of the 628 gonorrhea cases reported in 2004.
- In the four specific groups depicted, the highest percentage (35.4%) of cases reported were in individuals 20 to 24 years old.
- The age group with second highest percentage (28.2%) of cases reported were in individuals 15 to 19 years old.
- Among White females, 39.0% of the cases were in individuals 20 to 24 years old.
- Among Black females, 41.6% of the cases were in individuals 15 to 19 years old.



- From 1995 through 1997, the number of gonorrhea cases reported in the Southwest HIV Region decreased. The number of cases fluctuated in alternate years beginning in 1998 with this pattern lasting until 2001. From 2002 through 2004 the number of cases has increased sharply.
- This same general trend pattern can be seen in Whites and Blacks, although increases from 2002 through 2004 have not been as pronounced as the total numbers in the region.

CHLAMYDIA**Table 2. Reported chlamydia cases and rates, by race and county*, Southwest HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Greene County	452	66.0%	203.2	71	10.4%	1,334.1	685	100.0%	285.0
Jasper County	240	76.8%	251.7	38	11.7%	2,500.0	326	100.0%	311.4
Pulaski County	81	33.8%	259.6	95	42.4%	1,955.5	224	100.0%	544.2
Christian County	70	80.6%	133.6	3	2.9%	2,158.3	103	100.0%	189.7
Phelps County	61	59.1%	165.4	4	4.1%	682.6	98	100.0%	246.1
Taney County	57	67.9%	151.4	3	3.6%	2,325.6	84	100.0%	211.6
Newton County	51	73.9%	104.8	2	2.9%	671.1	69	100.0%	131.1
Barry County	37	56.9%	117.5	2	3.1%	6,666.7	65	100.0%	191.1
Howell County	49	80.3%	137.6	0	0.0%	0.0	61	100.0%	163.8
Lawrence County	46	82.1%	138.5	0	0.0%	0.0	56	100.0%	159.1
Webster County	40	80.0%	135.1	1	2.0%	279.3	50	100.0%	161.1
Polk County	34	73.9%	130.6	0	0.0%	0.0	46	100.0%	170.4
Laclede County	24	53.3%	76.7	1	2.2%	724.6	45	100.0%	138.4
Douglas County	17	43.6%	134.8	0	0.0%	0.0	39	100.0%	298.1
Vernon County	23	65.7%	116.5	0	0.0%	0.0	35	100.0%	171.1
Wright County	21	60.0%	120.4	0	0.0%	0.0	35	100.0%	194.9
McDonald County	23	69.7%	125.4	0	0.0%	0.0	33	100.0%	152.2
Stone County	19	79.2%	68.4	1	4.2%	5,882.4	24	100.0%	83.7
Barton County	16	72.7%	132.5	0	0.0%	0.0	22	100.0%	175.4
Dent County	6	30.0%	41.6	1	5.0%	1,818.2	20	100.0%	134.0
Texas County	12	63.2%	54.5	0	0.0%	0.0	19	100.0%	82.6
Cedar County	11	64.7%	83.5	0	0.0%	0.0	17	100.0%	123.8
St. Clair County	11	68.8%	117.8	1	6.3%	5,000.0	16	100.0%	165.8
Dallas County	12	80.0%	79.1	0	0.0%	0.0	15	100.0%	95.8
Oregon County	6	54.5%	61.9	0	0.0%	0.0	11	100.0%	106.3
Ozark County	5	55.6%	54.1	0	0.0%	0.0	9	100.0%	94.3
Dade County	4	57.1%	52.2	0	0.0%	0.0	7	100.0%	88.4
Hickory County	6	100.0%	69.2	0	0.0%	0.0	6	100.0%	67.1
Shannon County	1	20.0%	12.7	0	0.0%	0.0	5	100.0%	60.1
SOUTHWEST HIV REGION TOTAL	1,435	64.5%	153.1	223	10.0%	1,570.0	2,225	100.0%	221.1

*Counties that have a zero case count for 2004 are not listed in the table.

**Totals may include Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

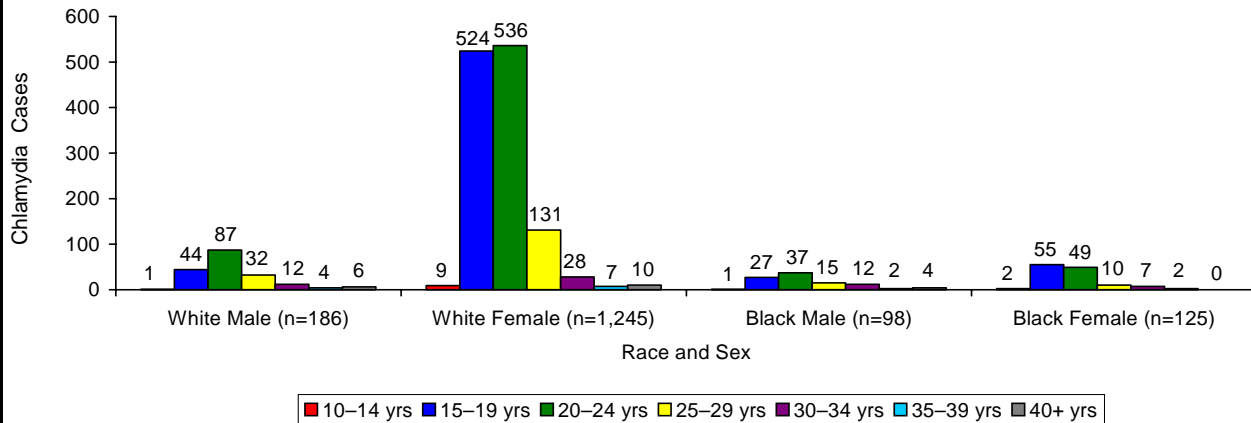
Note: Row percentages are shown. Percentages may not total due to rounding.

- In 2004, Greene County reported the highest percentage of cases (30.8%) among all the counties in the Southwest HIV Region, followed by Jasper County with 14.7%.
- The case rate for Blacks in the Southwest HIV Region was 10.3 times higher than the case rate for Whites.

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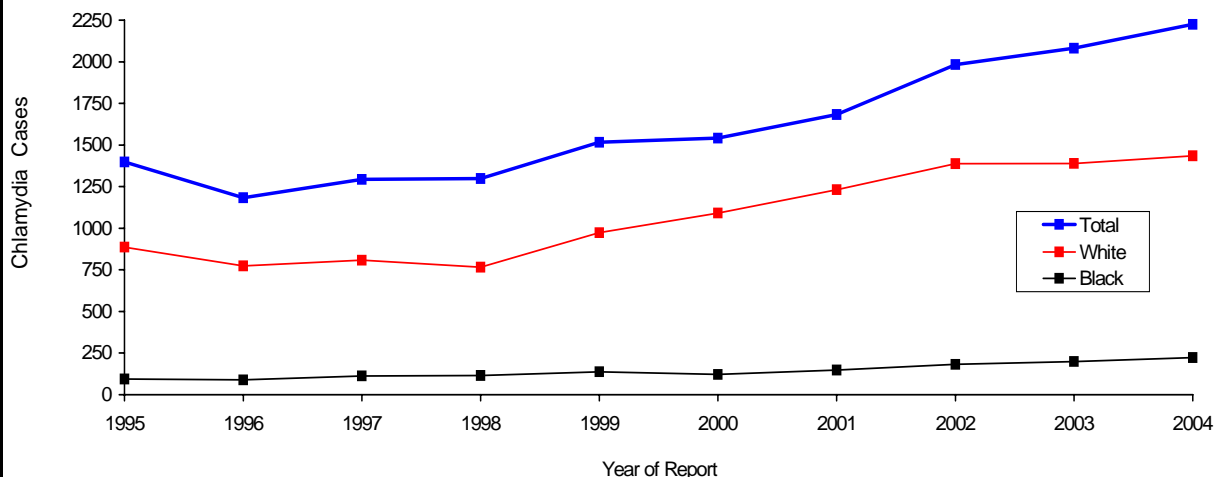
- In 2004, the number of chlamydia cases reported increased by 143 (6.9%) over the number of cases reported in 2003 in the Southwest HIV Region.

Figure 3. Reported chlamydia cases, by race and sex, by age group, Southwest HIV Region, 2004



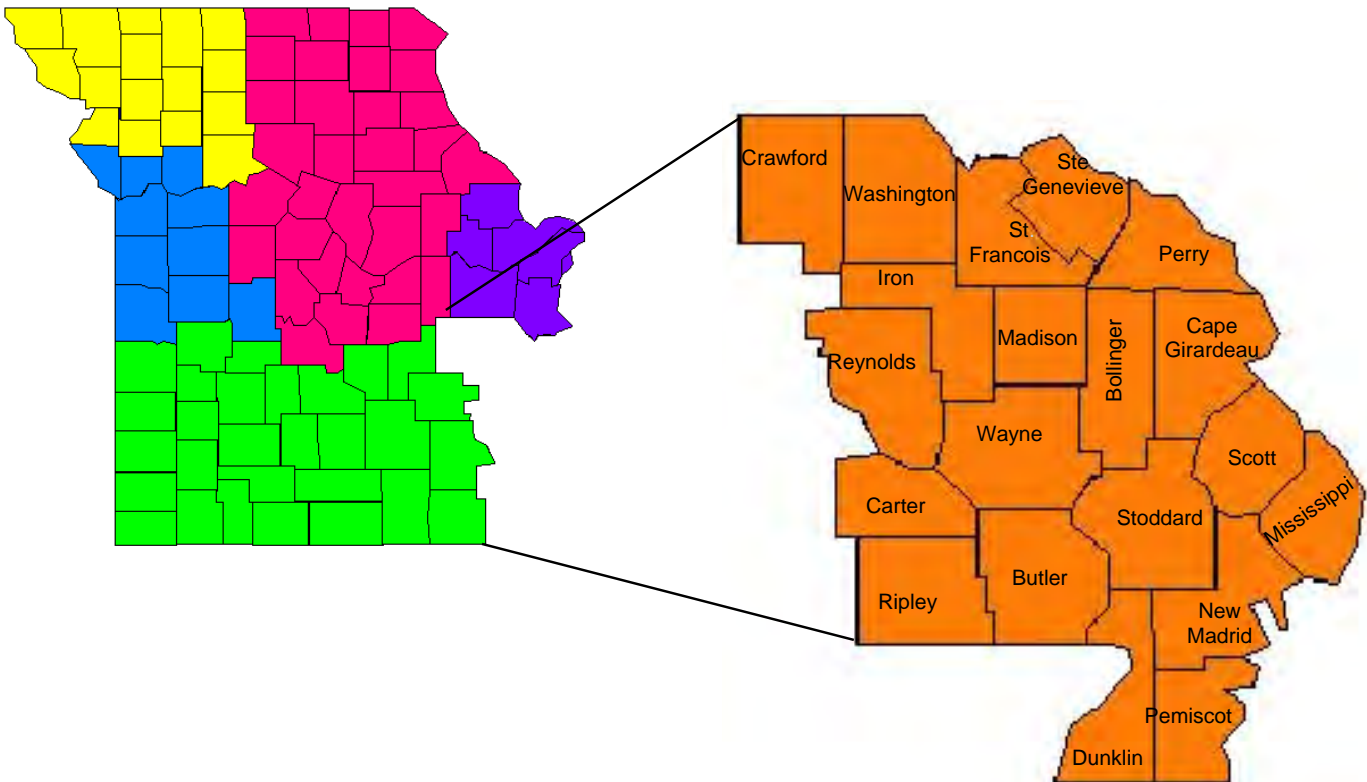
- Figure 3 depicts 1,654 (74.3%) cases with complete information for race, sex, and age of the 2,225 gonorrhea cases reported in 2004.
- In the four specific groups depicted, the highest percentage (42.9%) of cases reported were in individuals 20 to 24 years old.
- The age group with the second highest percentage (39.3%) of cases reported were in individuals 15 to 19 years old.

Figure 4. Reported chlamydia cases, by race and year of report, Southwest HIV Region, 2004



- Since 1996, the number of chlamydia cases reported in the Southwest HIV Region has fluctuated, but overall has demonstrated an upward trend.
- The number of cases among Whites had minor fluctuations from 1995 to 1998, but has increased each year starting in 1999.
- The number of cases among Blacks had minor fluctuations from 1995 to 2000, but has increased each year since 2000.

SOUTHEAST HIV REGION



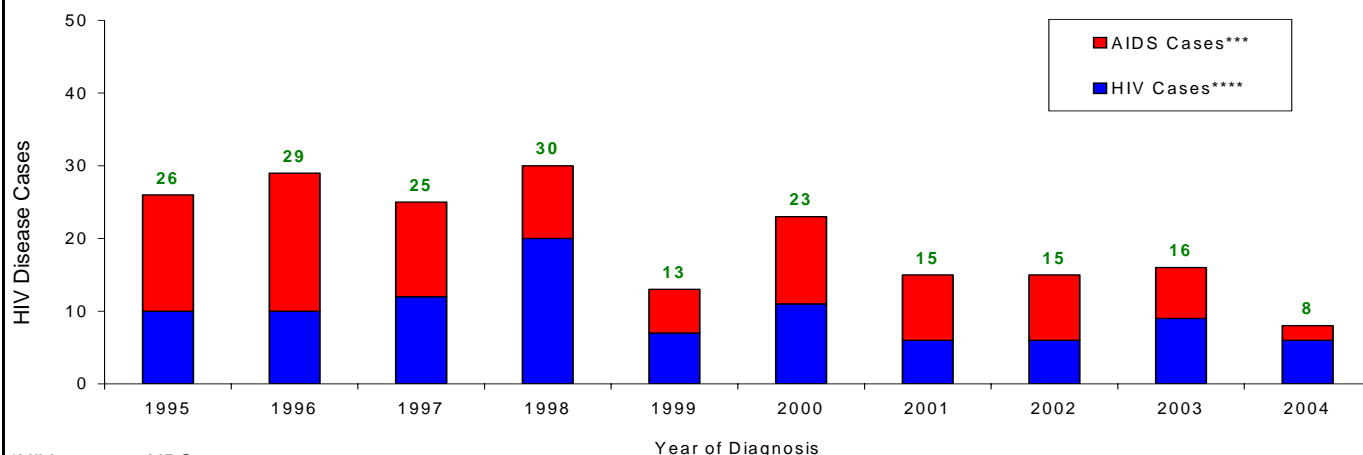
2000 population estimates for the Southeast HIV Region*												
County	White		African American		American Indian		Asian/Pacific Islander		Hispanic		Total**	
Bollinger County	11,714	97.4%	25	0.2%	83	0.7%	25	0.2%	68	0.6%	12,029	100.0%
Butler County	37,435	91.6%	2,105	5.2%	215	0.5%	180	0.4%	412	1.0%	40,867	100.0%
Cape Girardeau County	62,926	91.6%	3,607	5.3%	234	0.3%	529	0.8%	624	0.9%	68,693	100.0%
Carter County	5,685	95.7%	3	0.1%	75	1.3%	6	0.1%	72	1.2%	5,941	100.0%
Crawford County	22,281	97.7%	32	0.1%	95	0.4%	42	0.2%	176	0.8%	22,804	100.0%
Dunklin County	28,963	87.4%	2,873	8.7%	97	0.3%	91	0.3%	824	2.5%	33,155	100.0%
Iron County	10,314	96.4%	163	1.5%	35	0.3%	10	0.1%	62	0.6%	10,697	100.0%
Madison County	11,552	97.9%	15	0.1%	29	0.2%	33	0.3%	66	0.6%	11,800	100.0%
Mississippi County	10,411	77.5%	2,735	20.4%	33	0.2%	15	0.1%	129	1.0%	13,427	100.0%
New Madrid County	16,345	82.7%	3,024	15.3%	33	0.2%	27	0.1%	183	0.9%	19,760	100.0%
Pemiscot County	14,244	71.1%	5,231	26.1%	46	0.2%	57	0.3%	315	1.6%	20,047	100.0%
Perry County	17,739	97.8%	33	0.2%	42	0.2%	122	0.7%	93	0.5%	18,132	100.0%
Reynolds County	6,366	95.2%	32	0.5%	86	1.3%	13	0.2%	55	0.8%	6,689	100.0%
Ripley County	13,019	96.4%	5	0.0%	170	1.3%	32	0.2%	132	1.0%	13,509	100.0%
Scott County	35,221	87.1%	4,217	10.4%	109	0.3%	29	0.1%	448	1.1%	40,422	100.0%
St. Francois County	53,228	95.7%	1,105	2.0%	188	0.3%	186	0.3%	447	0.8%	55,641	100.0%
Ste. Genevieve County	17,404	97.5%	124	0.7%	45	0.3%	96	0.5%	132	0.7%	17,842	100.0%
Stoddard County	28,772	96.9%	268	0.9%	111	0.4%	31	0.1%	231	0.8%	29,705	100.0%
Washington County	22,159	94.9%	577	2.5%	149	0.6%	37	0.2%	170	0.7%	23,344	100.0%
Wayne County	12,899	97.3%	21	0.2%	76	0.6%	19	0.1%	65	0.5%	13,259	100.0%
Region Totals	438,677	91.8%	26,195	5.5%	1,951	0.4%	1,580	0.3%	4,704	1.0%	477,763	100.0%

*Based on 2000 US Census Bureau data.

**Totals include persons of Other/Unknown races/ethnicities not listed.

MAGNITUDE AND IMPACT OF THE PROBLEM

Figure 1. HIV disease cases, by current status* and year of diagnosis, Southeast HIV Region, 1995—2004**



*HIV case vs. AIDS case

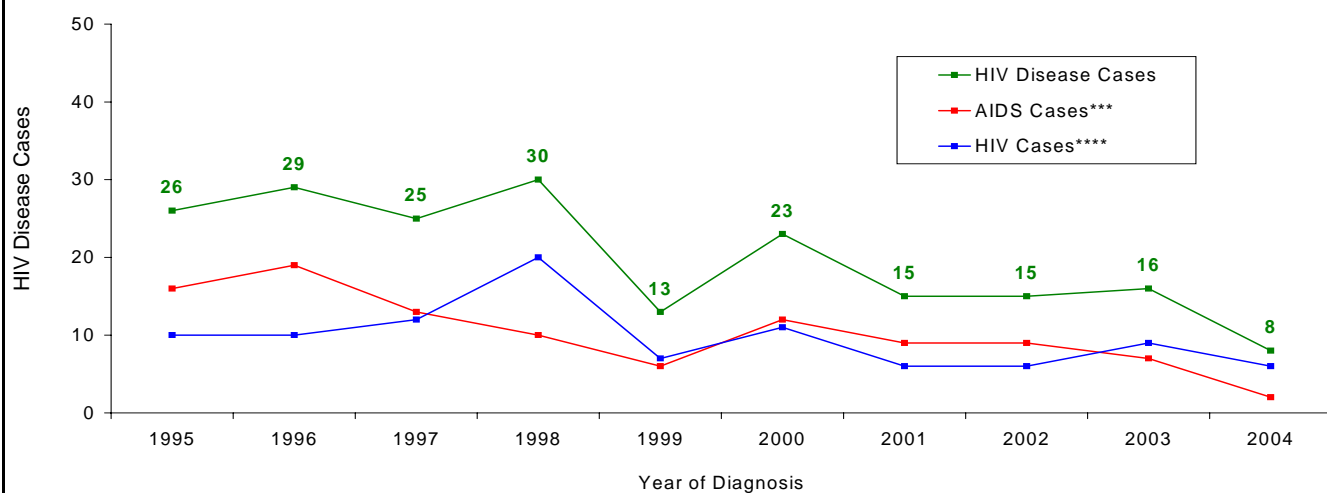
**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)

- As of December 31, 2004, the cumulative number of HIV disease cases in the Southeast HIV Region was 403; 130 of these were initially diagnosed with HIV, and 273 of these were initially diagnosed with or progressed to AIDS.
- There were six new HIV cases diagnosed in 2004; this was a 25% decrease from the 2003 total.
- The two new AIDS cases diagnosed in 2004 represented a 50% decrease from the 2003 total.
- For additional information, refer to the interpretation guidelines.

Figure 2. HIV disease cases, by current status* and year of diagnosis, Southeast HIV Region, 1995—2004**

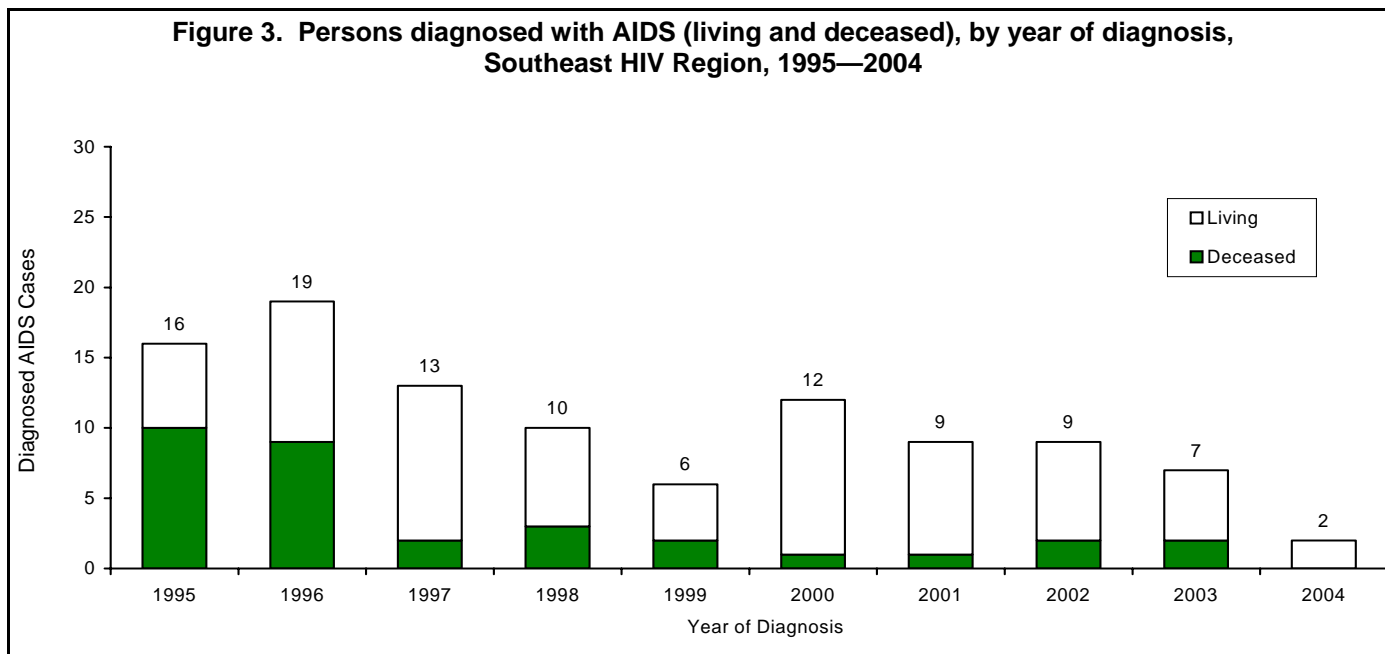


*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to the Missouri Department of Health and Senior Services. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department.)

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. (They have not met the case definition for AIDS.)



- Of the cumulative total of 273 AIDS cases diagnosed in the Southeast HIV Region, 128 (46.9%) were still living at the end of 2004.
- Both of the new AIDS cases diagnosed in 2004 were still living at the end of the year.

WHO

Table 1. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, Southeast HIV Region, 2004

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Male	3	50.0%	1.3	0	0.0%	0.0	3	37.5%	1.3
Female	3	50.0%	1.2	2	100.0%	0.8	5	62.5%	2.0
Totals	6	100.0%	1.3	2	100.0%	0.4	8	100.0%	1.7
White	4	66.7%	0.9	1	50.0%	0.2	5	62.5%	1.1
Black	2	33.3%	7.6	1	50.0%	3.8	3	37.5%	11.5
Hispanic	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Totals	6	100.0%	1.3	2	100.0%	0.4	8	100.0%	1.7
White Male	2	66.7%	0.9	0	0.0%	0.0	2	66.7%	0.9
Black Male	1	33.3%	7.9	0	0.0%	0.0	1	33.3%	7.9
Hispanic Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Totals	3	100.0%	1.3	0	0.0%	0.0	3	100.0%	1.3
White Female	2	66.7%	0.9	1	50.0%	0.4	3	60.0%	1.3
Black Female	1	33.3%	7.4	1	50.0%	7.4	2	40.0%	14.9
Hispanic Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Unknown	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Totals	3	100.0%	1.2	2	100.0%	0.8	5	100.0%	2.0

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2004.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases which progressed to AIDS in 2004.

****Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- In comparison to 2003, there were 40% fewer HIV cases and 60% fewer AIDS cases, resulting in a 46.7% decrease in the number of newly diagnosed HIV disease cases in this region in 2004.
- Consistent with the counts in 2003, HIV case counts were equal in females and males; however, all of the AIDS cases in 2004 were reported as female.
- In 2003 and 2004, all new cases were diagnosed in individuals who reported their race as either White or Black. No cases were reported in persons of another race/ethnicity.

WHERE

Table 2. HIV and AIDS cases and rates, by geographic area, Southeast HIV Region, 2004 and cumulative*

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2004**			Cumulative			Diagnosed 2004			Cumulative		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Location												
Cape Girardeau County	0	0.0%	0.0	23	17.7%	33.5	0	0.0%	0.0	47	17.2%	68.4
Scott County	0	0.0%	0.0	14	10.8%	34.6	0	0.0%	0.0	20	7.3%	49.5
St. Francois County	2	33.3%	3.6	19	14.6%	34.1	0	0.0%	0.0	40	14.7%	71.9
Pemiscot County	0	0.0%	0.0	11	8.5%	54.9	0	0.0%	0.0	16	5.9%	79.8
Dunklin County	1	16.7%	3.0	12	9.2%	36.2	1	50.0%	3.0	30	11.0%	90.5
Butler County	1	16.7%	2.4	13	10.0%	31.8	0	0.0%	0.0	20	7.3%	48.9
Remainder of Region	2	33.3%	0.9	38	29.2%	17.4	1	50.0%	0.5	100	36.6%	45.7
Southeast HIV Region	6	100.0%	1.3	130	100.0%	27.2	2	100.0%	0.4	273	100.0%	57.1

*Includes all cases, living and deceased.

**HIV cases diagnosed and reported to the Department during 2004 which remained HIV cases at the end of the year.

***Per 100,000 population based on 2000 US Census Bureau data.

Note: Percentages may not total due to rounding.

- In 2003, Cape Girardeau County and Pemiscot County each had three new HIV cases; however, there were no new HIV cases in these counties in 2004.
- Overall, the percentage of HIV cases reported from each jurisdiction remained stable from 2003 to 2004.

EXPOSURE CATAGORIES

Men Who Have Sex with Men (MSM)

Table 3. Incidence and prevalence of HIV and AIDS cases in men who have sex with men, by race, Southeast HIV Region, 2004

Race	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	1	100.0%	45	90.0%	0	0.0%	43	91.5%
Black	0	0.0%	4	8.0%	0	0.0%	3	6.4%
Other/Unknown	0	0.0%	1	2.0%	0	0.0%	1	2.1%
SOUTHEAST HIV REGION TOTAL	1	100.0%	50	100.0%	0	--	47	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- There was not much difference between the 2003 and 2004 case counts of MSM with HIV disease.
- The one incident case in 2004 was a White male. This demographic represents the highest proportion of MSM HIV disease cases in the region.

Table 4. HIV Prevalence in men who have sex with men, by selected race/ethnicity, by age, Southeast HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	13	28.9%	2	50.0%	1	100.0%	16	32.0%
25-44	27	60.0%	2	50.0%	0	0.0%	29	58.0%
45-64	5	11.1%	0	0.0%	0	0.0%	5	10.0%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SOUTHEAST HIV REGION TOTAL	45	100.0%	4	100.0%	1	100.0%	50	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with trends from previous years, the 25-44 age group had the largest number of living HIV cases in this region, and the majority of those cases occurred in White males.

Table 5. HIV Prevalence in men who have sex with men, by geographic area, Southeast HIV Region, 2004

Geographic Area	Total	
	Cases	%
Cape Girardeau County	13	26.0%
St. Francois County	10	20.0%
Pemiscot County	6	12.0%
Remaining Counties	21	42.0%
SOUTHEAST HIV REGION TOTAL	50	100.0%

Note: Percentages may not total due to rounding.

- There was not much difference in the distribution of cases throughout the counties in this region from previous years.

Men Who Have Sex with Men and Inject Drugs (MSM/IDU)**Table 6. HIV and AIDS incidence and prevalence in men who have sex with men and inject drugs, by selected race, Southeast HIV Region, 2004**

Race	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White	0	0.0%	8	100.0%	0	0.0%	6	75.0%
Black	0	0.0%	0	0.0%	0	0.0%	2	25.0%
SOUTHEAST HIV REGION TOTAL	0	--	8	100.0%	0	--	8	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- Similar to 2003, there were no reported MSM/IDU HIV disease cases in 2004.

Table 7. HIV prevalence in men who have sex with men and inject drugs, by selected race/ethnicity, by age, Southeast HIV Region, 2004

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	2	25.0%	0	0.0%	0	0.0%	2	25.0%
19-24	1	12.5%	0	0.0%	0	0.0%	1	12.5%
25-44	5	62.5%	0	0.0%	0	0.0%	5	62.5%
45-64	0	0.0%	0	0.0%	0	0.0%	0	0.0%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SOUTHEAST HIV REGION TOTAL	8	100.0%	0	--	0	--	8	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race/ethnicity in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- Consistent with totals from previous years, MSM/IDU cases were predominantly reported in White males.
- As seen in all exposure categories in this region, the 25-44 age group contained the most cases; however, there was a greater combined percentage of MSM/IDU cases in the two younger age groups than observed in the other exposure categories. In MSM, 32% of cases were in age groups younger than 25 years old; whereas, 37.5% of MSM/IDU were in these younger age groups.

Table 8. HIV prevalence in men who have sex with men and inject drugs, Southeast HIV Region, 2004

Geographic Area	Cases	%
SOUTHEAST HIV REGION TOTAL	8	100.0%

Injecting Drug Users (IDU)

Table 9. HIV and AIDS incidence and prevalence in injecting drug users, by selected race, Southeast HIV Region, 2004

Race and Sex	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	5	62.5%	0	0.0%	11	52.4%
Black Male	0	0.0%	0	0.0%	0	0.0%	1	4.8%
White Female	0	0.0%	1	12.5%	1	100.0%	6	28.6%
Black Female	0	0.0%	2	25.0%	0	0.0%	3	14.3%
SOUTHEAST HIV REGION TOTAL	0	--	8	100.0%	1	100.0%	21	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- In 2004, there was one new IDU HIV disease case; however, there were no new IDU HIV disease cases in 2003 for this region.
- Consistent with trends from previous years, most of the living HIV disease IDU cases occurred in White males; however, the ratio of White males to White females had decreased, dropping from 3:1 in 2003 to 2.3:1 in 2004.

Table 10. HIV prevalence in injecting drug users, by selected race, by age, Southeast HIV Region, 2004

Age Group	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	1	50.0%	1	12.5%
19-24	0	0.0%	0	0.0%	0	0.0%
25-44	6	100.0%	0	0.0%	6	75.0%
45-64	0	0.0%	1	50.0%	1	12.5%
65+	0	0.0%	0	0.0%	0	0.0%
SOUTHEAST HIV REGION TOTAL	6	100.0%	2	100.0%	8	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- As seen in previous years, living HIV IDU cases in White IDU were mainly in the 25-44 age group. Black IDU cases were reported in the 13-18 and 45-64 age groups.

Table 11. HIV prevalence in injecting drug users, by geographic area, Southeast HIV Region, 2004

Geographic Area	Total	
	Cases	%
Dunklin County	3	37.5%
Remaining Counties	5	62.5%
SOUTHEAST HIV REGION	8	100.0%

Note: Percentages may not total due to rounding.

- From 2003 to 2004, there was no change in the count of HIV cases that resided in Dunklin County at time of diagnosis; however, the percentage of cases diagnosed in this county increased 10.2%.

Heterosexual Contacts**Table 12. HIV and AIDS incidence and prevalence in heterosexual contacts, by selected race, Southeast HIV Region, 2004**

Race and Sex	HIV cases*				AIDS cases			
	Incidence		Prevalence		Incidence**		Prevalence	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	6	15.8%	0	0.0%	4	10.8%
Black Male	0	0.0%	5	13.2%	0	0.0%	5	13.5%
White Female	1	100.0%	17	44.7%	0	0.0%	12	32.4%
Black Female	0	0.0%	10	26.3%	0	0.0%	16	43.2%
SOUTHEAST HIV REGION TOTAL	1	100.0%	38	100.0%	0	--	37	100.0%

*HIV cases diagnosed during 2004 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

Note: Percentages may not total due to rounding.

- Heterosexual contact was the most common HIV risk factor reported in females in 2004. The new heterosexual case in 2004 was in a female. Additionally, females made up 73.3% of HIV disease cases in this exposure category; this was an increase of 0.6% from 2003.

Table 13. HIV prevalence in heterosexual contacts, by selected race/ethnicity and sex, by age, Southeast HIV Region, 2004

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	0	0.0%	4	23.5%	1	10.0%	5	13.2%
19-24	0	0.0%	1	20.0%	4	23.5%	3	30.0%	8	21.1%
25-44	3	50.0%	3	60.0%	7	41.2%	6	60.0%	19	50.0%
45-64	2	33.3%	1	20.0%	2	11.8%	0	0.0%	5	13.2%
65+	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	2.6%
SOUTHEAST HIV REGION TOTAL	6	100.0%	5	100.0%	17	100.0%	10	100.0%	38	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each age group.

***Percentage of cases per age group.

Note: Percentages may not total due to rounding.

- One-half of the heterosexual cases were 25-44 years old.
- Consistent with observations from previous years, females who reported heterosexual contact as their mode of transmission tended to be diagnosed at younger ages than males.

Table 14. HIV prevalence in heterosexual contacts, by selected race, by geographic area, Southeast HIV Region, 2004

Geographic Area	White		Black		Total*	
	Cases	%**	Cases	%**	Cases	%***
Butler County	4	57.1%	3	42.9%	7	18.4%
Scott County	3	50.0%	3	50.0%	6	15.8%
Cape Girardeau County	3	75.0%	1	25.0%	4	10.5%
Dunklin County	2	66.7%	1	33.3%	3	7.9%
Mississippi County	2	33.3%	4	66.7%	6	15.8%
Remaining Counties	9	75.0%	3	25.0%	12	31.6%
SOUTHEAST HIV REGION TOTAL	23	60.5%	15	39.5%	38	100.0%

*Row totals and percentages include Other/Unknown cases not listed in columns.

**Percentage of race in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

- Among Whites diagnosed with HIV who reported heterosexual contact as their mode of transmission and were still alive at the end of 2004, 17.4% were living in Butler County when diagnosed, 13% were in Scott County, 13% were in Cape Girardeau County, 8.7% were living in Dunklin County, 8.7% were in Mississippi County, and 39.1% were living in the remaining counties of the Southeast HIV Region.
- Among Blacks diagnosed with HIV who reported heterosexual contact as their mode of transmission and were still alive at the end of 2004, 26.7% were living in Mississippi County when diagnosed, 20% were in Butler County, 20% were in Scott County, 6.7% were living in Cape Girardeau County, 6.7% were in Dunklin County, and 20% were living in the remaining counties of the region.
- The demographic distribution of HIV prevalence in 2004 in this region throughout the counties was very similar to that of 2003.

Table 15. HIV and AIDS cases with exposure category assignments for NIRs, Southeast HIV Region, 2004

Exposure Category	HIV cases				AIDS cases			
	2004*		Cumulative		2004		Cumulative	
Men who have sex with men	3	50.0%	61	47.7%	0	0.0%	128	47.6%
Men who have sex with men and inject drugs	0	0.0%	10	7.8%	0	0.0%	19	7.1%
Injecting drug use	0	0.0%	9	7.0%	2	100.0%	40	14.9%
Heterosexual contact	3	50.0%	46	35.9%	0	0.0%	63	23.4%
Hemophilian/coagulation disorder	0	0.0%	2	1.6%	0	0.0%	11	4.1%
Blood transfusion or tissue recipient	0	0.0%	0	0.0%	0	0.0%	8	3.0%
No indicated risk	-----	-----	-----	-----	-----	-----	-----	-----
ADULT/ADOLESCENT SUBTOTAL	6	100.0%	128	100.0%	2	100.0%	269	100.0%
Pediatric (<13 years)								
PEDIATRIC SUBTOTAL	0	0.0%	2	100.0%	0	0.0%	4	100.0%
TOTAL	6		130		2		273	

*HIV cases reported during 2004 which remained HIV cases at the end of the year.
Note: Percentages may not total due to rounding.

- In 2004, four (66.7%) of the HIV cases and one (50%) of the AIDS cases diagnosed in the Southeast HIV Region were classified as “No Indicated Risk”.

GONORRHEA**Table 1. Reported gonorrhea cases and rates, by race and county*, Southeast HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Cape Girardeau County	40	34.8%	63.6	57	49.6%	1,580.3	115	100.0%	167.4
Pemiscot County	6	13.6%	42.1	37	84.1%	707.3	44	100.0%	219.5
Scott County	8	18.2%	22.7	34	77.3%	806.3	44	100.0%	108.9
Mississippi County	2	4.9%	19.2	34	82.9%	1,243.1	41	100.0%	305.4
Dunklin County	6	24.0%	20.7	12	48.0%	417.7	25	100.0%	75.4
Butler County	5	20.8%	13.4	8	33.3%	380.0	24	100.0%	58.7
New Madrid County	2	12.5%	12.2	12	75.0%	396.8	16	100.0%	81.0
St. Francois County	2	20.0%	3.8	4	40.0%	362.0	10	100.0%	18.0
Stoddard County	8	88.9%	27.8	0	0.0%	0.0	9	100.0%	30.3
Crawford County	4	57.1%	18.0	0	0.0%	0.0	7	100.0%	30.7
Bollinger County	3	75.0%	25.6	0	0.0%	0.0	4	100.0%	33.3
Iron County	1	33.3%	9.7	0	0.0%	0.0	3	100.0%	28.0
Ste. Genevieve County	2	66.7%	11.5	1	33.3%	806.5	3	100.0%	16.8
Washington County	1	33.3%	4.5	1	33.3%	173.3	3	100.0%	12.9
Ripley County	2	100.0%	15.4	0	0.0%	0.0	2	100.0%	14.8
Wayne County	1	50.0%	7.8	0	0.0%	0.0	2	100.0%	15.1
SOUTHEAST HIV REGION TOTAL	93	26.4%	21.2	200	56.8%	763.5	352	100.0%	73.7

*Counties that have a zero case count for 2004 are not listed in the table.

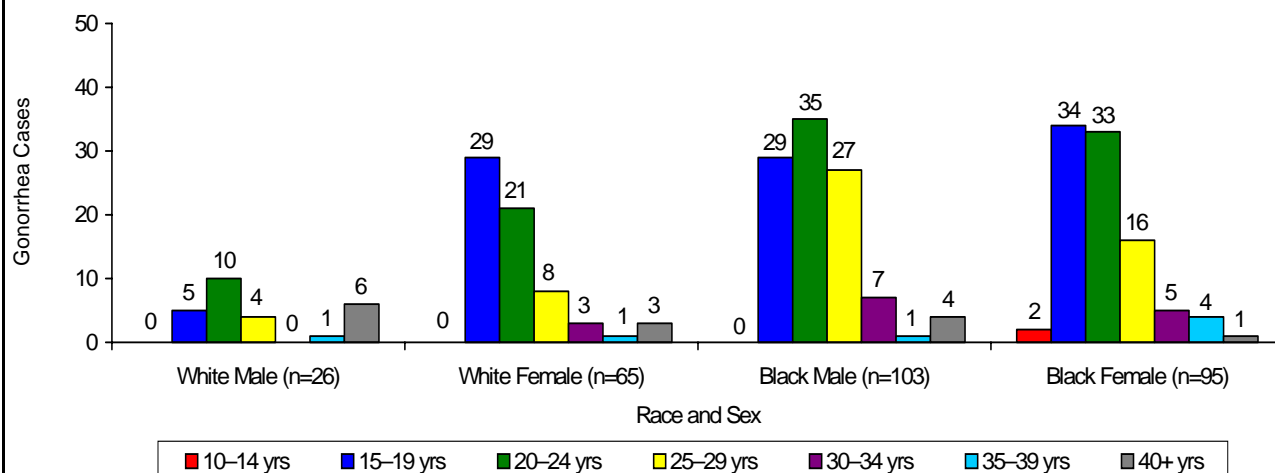
**Totals may include Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding.

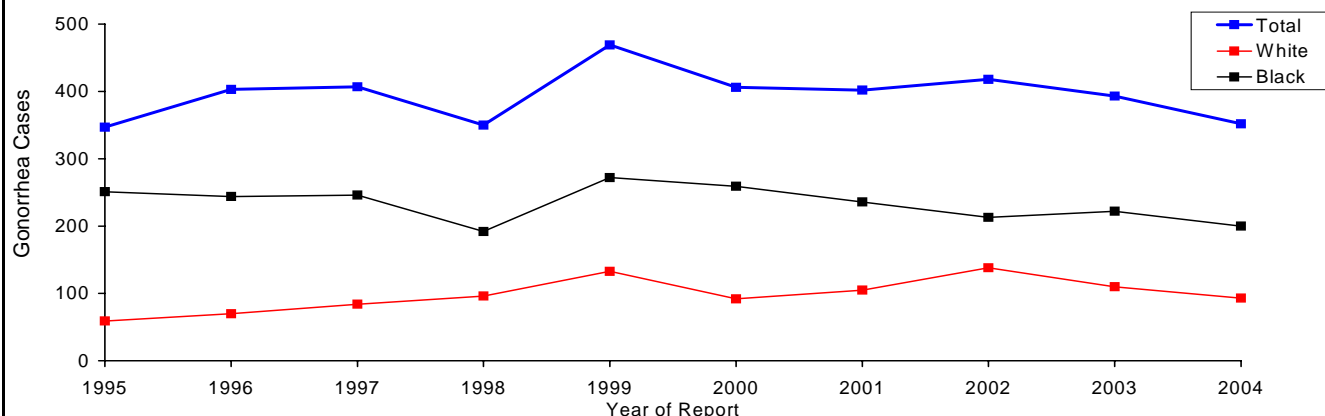
- The case rate for Blacks in the Southeast HIV Region was 36.0 times higher than the case rate for Whites.
- In 2004, Cape Girardeau County reported the highest percentage of cases (32.7%) among all the areas in the Southeast HIV Region.
- In 2004, the number of gonorrhea cases reported decreased by 41 (10.4%) over the number of cases reported in 2003 in the Southeast HIV Region.

Figure 1. Reported gonorrhea cases, by race and sex, by age group, Southeast HIV Region, 2004



- Figure 1 depicts 289 (82.1%) cases with complete information for race, sex, and age of the 352 gonorrhea cases reported in 2004.
- In the four specific groups depicted, the highest percentage (34.3%) of cases reported were in individuals 20 to 24 years old.
- The age group with second highest percentage (33.6%) of cases reported were in individuals 15 to 19 years old.
- In females, 39.4% of the cases were in individuals 15 to 19 years old, while in males, 26.4% of the cases were in this age group.

Figure 2. Reported gonorrhea cases, by race and year of report, Southeast HIV Region, 2004



- Although fluctuating each year, on average from 1995 through 1999, the number of gonorrhea cases reported in the Southeast HIV Region increased, but have decreased on average since then.
- This same general trend pattern can be seen in Whites and Blacks.

CHLAMYDIA**Table 2. Reported chlamydia cases and rates, by race and county*, Southeast HIV Region, 2004**

County	White			Black			Total**		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Cape Girardeau County	107	54.3%	170.0	61	31.0%	1,691.2	197	100.0%	286.8
Pemiscot County	24	18.0%	168.5	96	72.2%	1,835.2	133	100.0%	663.4
St. Francois County	79	71.2%	148.4	6	5.4%	543.0	111	100.0%	199.5
Scott County	41	37.3%	116.4	63	57.3%	1,494.0	110	100.0%	272.1
Butler County	44	43.6%	117.5	19	18.8%	902.6	101	100.0%	247.1
Dunklin County	31	38.8%	107.0	18	22.5%	626.5	80	100.0%	241.3
Mississippi County	17	23.3%	163.3	48	65.8%	1,755.0	73	100.0%	543.7
New Madrid County	26	52.0%	159.1	17	34.0%	562.2	50	100.0%	253.0
Crawford County	21	44.7%	94.3	0	0.0%	0.0	47	100.0%	206.1
Stoddard County	35	79.5%	121.6	0	0.0%	0.0	44	100.0%	148.1
Washington County	25	62.5%	112.8	1	2.5%	173.3	40	100.0%	171.4
Perry County	10	41.7%	56.4	0	0.0%	0.0	24	100.0%	132.4
Bollinger County	5	31.3%	42.7	0	0.0%	0.0	16	100.0%	133.0
Iron County	11	68.8%	106.7	1	6.3%	613.5	16	100.0%	149.6
Ste. Genevieve County	12	85.7%	68.9	1	7.1%	806.5	14	100.0%	78.5
Madison County	8	72.7%	69.3	0	0.0%	0.0	11	100.0%	93.2
Carter County	1	12.5%	17.6	0	0.0%	0.0	8	100.0%	134.7
Wayne County	4	57.1%	31.0	0	0.0%	0.0	7	100.0%	52.8
Ripley County	4	66.7%	30.7	0	0.0%	0.0	6	100.0%	44.4
Reynolds County	0	0.0%	0.0	0	0.0%	0.0	3	100.0%	44.8
SOUTHEAST HIV REGION TOTAL	505	46.3%	115.1	331	30.3%	1,263.6	1,091	100.0%	228.4

*Counties that have a zero case count for 2004 are not listed in the table.

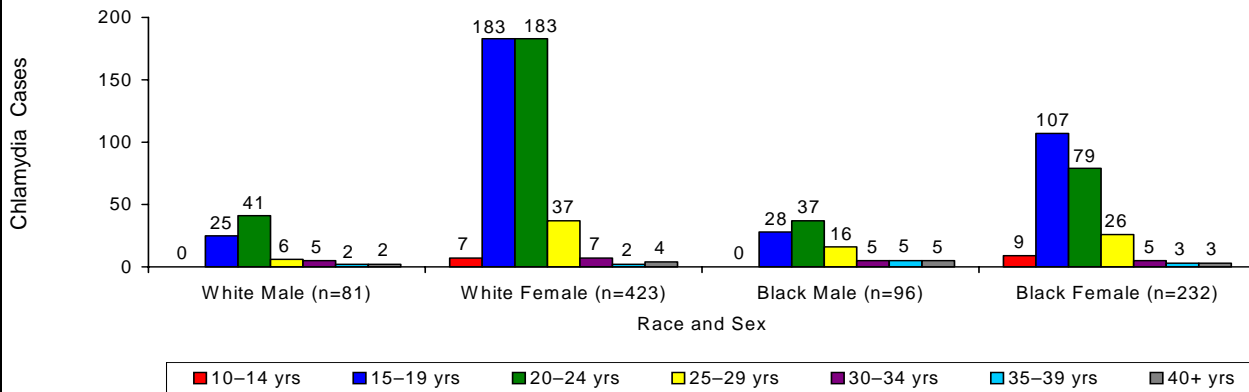
**Totals may include Other/Unknown cases not listed in columns.

***Per 100,000 population based on 2000 US Census Bureau data. Note that when the number of cases is less than 5, the rate is considered unstable and should be interpreted with caution.

Note: Row percentages are shown. Percentages may not total due to rounding.

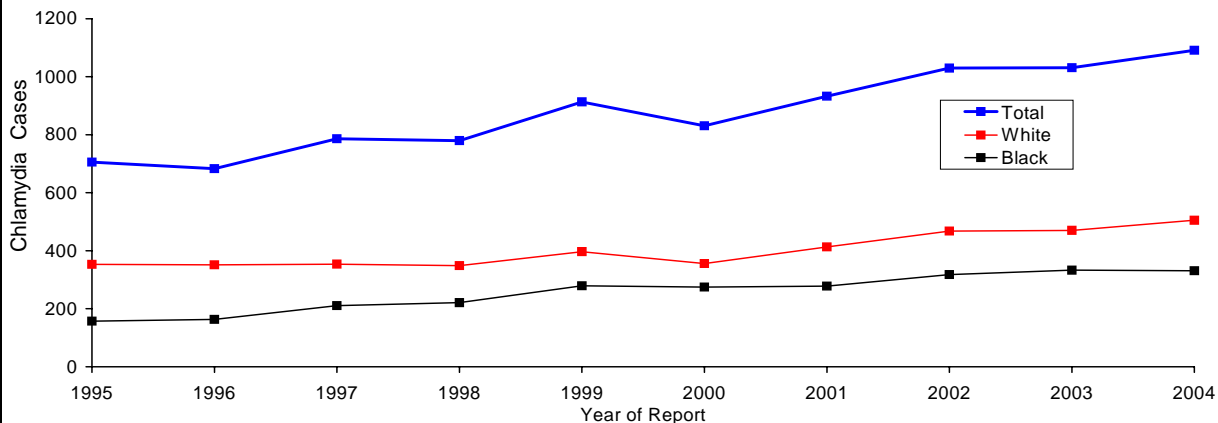
- In 2004, Cape Girardeau County reported the highest percentage of cases (18.1%) among all the counties in the Southeast HIV Region.
- The case rate for Blacks in the Southeast HIV Region was 11 times higher than the case rate for Whites.
- In 2004, the number of chlamydia cases reported increased by 60 (5.8%) over the number of cases reported in 2003 in the Southeast HIV Region. The case rate per 100,000 population also increased by 5.8%.

Figure 3. Reported chlamydia cases, by race and sex, by age group, Southeast HIV Region, 2004



- Figure 3 depicts 832 (76.3%) cases with complete information for race, sex, and age of the 1,091 chlamydia cases reported in 2004.
- In the four specific groups depicted, the highest percentage (41.2%) of cases reported were in individuals 15 to 19 years old.
- The age group with the second highest percentage (40.9%) of cases reported were in individuals 20 to 24 years old.
- Among White females, an equal percentage of cases (43.3%) were in individuals 15 to 19 and 20 to 24 years old.
- Among Black females, 46.1% of the cases were in individuals 15 to 19 years old.

Figure 4. Reported chlamydia cases, by race and year of report, Southeast HIV Region, 2004



- From 1995 through 2004, the number of chlamydia cases reported in the Southeast HIV Region fluctuated, but on the average have increased over this period.
- This same general trend pattern can be seen in Whites and Blacks.

**Missouri Behavioral Risk Factor Surveillance System (BRFSS):
Results from HIV/AIDS Related Questions—2003¹**

¹Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003. Data analysis provided by CDC. Source: <http://apps.nccd.cdc.gov/brfss/index.asp>. Accessed April 2005.

General Description

BRFSS is an annual population-based, random-digit-dialed, telephone survey of the state's civilian, non-institutionalized, adult population, 18 years of age and older. Interviewers ask questions related to health behaviors, health screening, quality of life, mental health, impairment, and access to health care and insurance. The results are weighted by demographic characteristics and by selection probability, and are used in planning, implementing, and evaluating health promotion and disease prevention programs.

For participants 18 – 64 years of age, the interview includes questions regarding HIV/AIDS-related knowledge, attitudes, and behaviors. The BRFSS does not always contain the same questions from one year to the next, and this is the case for HIV/AIDS questions. The results of the 2003 BRFSS HIV/AIDS-related questions are summarized on the following pages.

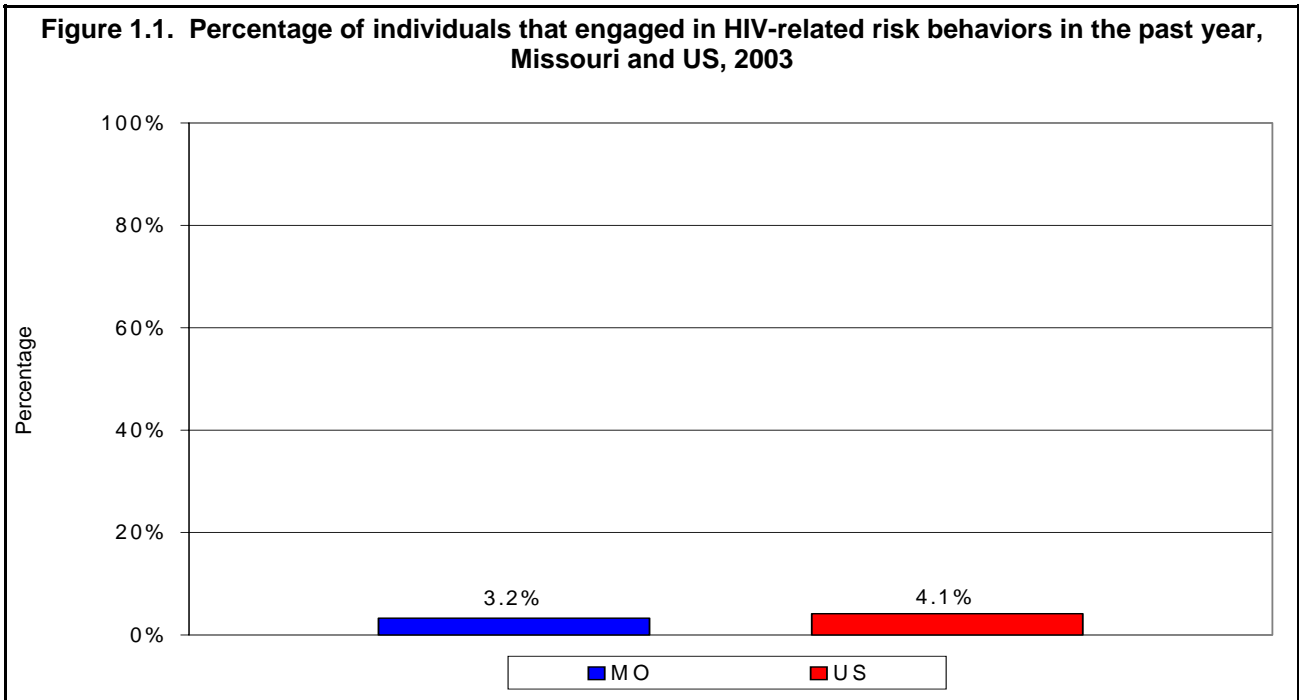
The results are not in the order in which they appeared in the questionnaire, but are arranged according to programming priorities. Answers to each question are stratified by sex, race/ethnicity, age, education level, and income, depending on the nature and response structure of any particular question.

HIV/AIDS Related Questions

Question 1. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. *(The interviewer then read the statements below. The respondent answered "Yes" or "No" to each situation, and a "Yes" answer to any of the situations results in a "Yes" answer for the whole question.)*

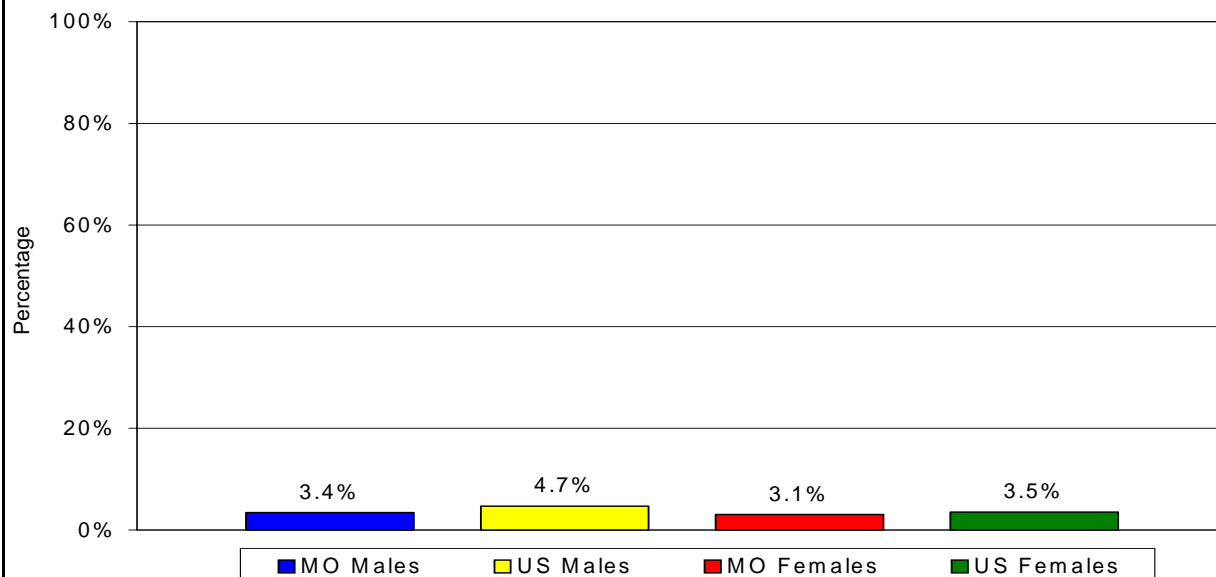
- Have you used intravenous drugs in the past year?
- Have you been treated for a sexually transmitted disease or venereal disease in the past year?
- Have you given or received money or drugs in exchange for sex in the past year?
- Have you had anal sex without a condom in the past year?

(Question 1 is designed to reflect HIV/AIDS risk behaviors in the adult population of Missouri.)



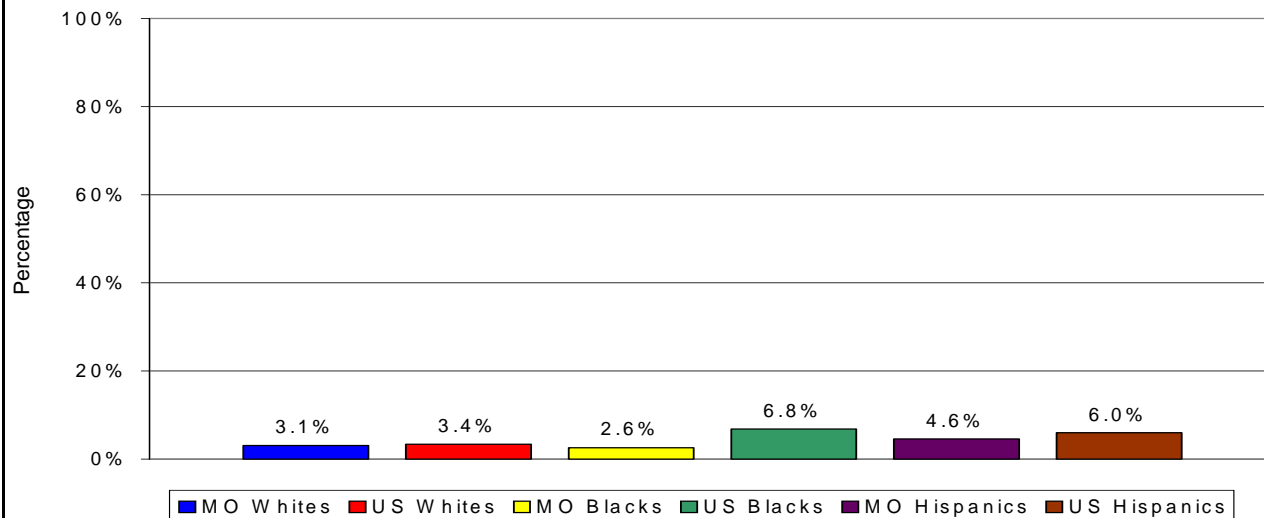
- The percentage of Missouri residents that engaged in HIV-related risk behaviors decreased from 3.6% in 2002 to 3.2% in 2003.

Figure 1.2. Percentage of individuals that engaged in HIV-related risk behaviors in the past year, by sex, Missouri and US, 2003



- The percentage of Missouri males that engaged in HIV-related risk behaviors decreased from 4.3% in 2002 to 3.4% in 2003.
- The percentage of Missouri females that engaged in HIV-related risk behaviors increased from 2.9% in 2002 to 3.1% in 2003.
- The percentages for Missouri males and females that engaged in HIV-related risk behaviors are lower than the national percentages for males and females, respectively.

Figure 1.3. Percentage of individuals that engaged in HIV-related risk behaviors in the past year, by race/ethnicity, Missouri and US, 2003

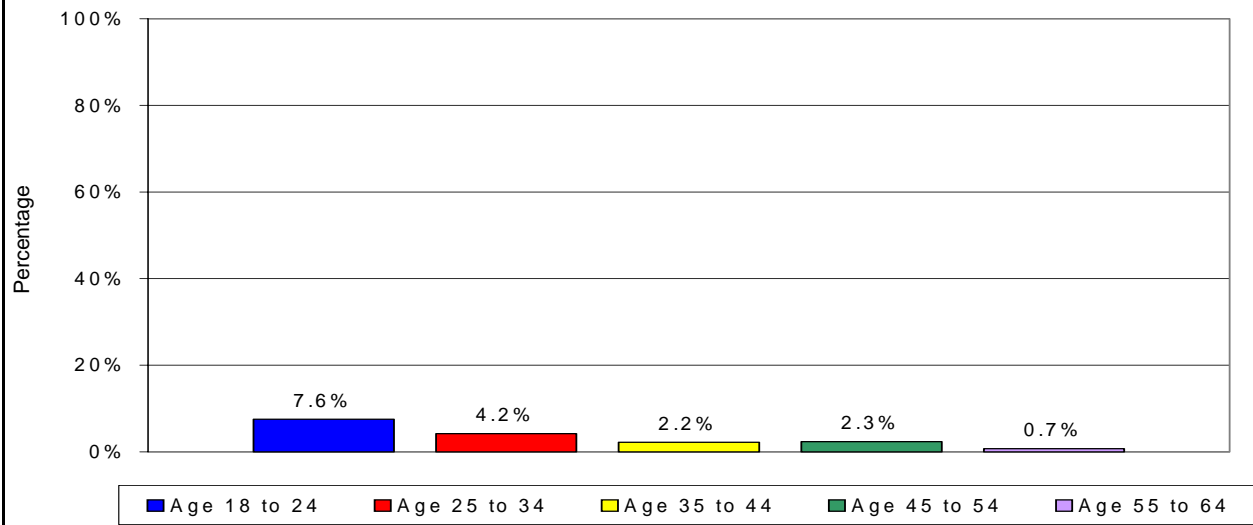


- The percentage of Whites in Missouri that engaged in HIV-related risk behaviors decreased from 3.2% in 2002 to 3.1% in 2003.
- The percentage of Blacks in Missouri that engaged in HIV-related risk behaviors decreased from 6.3% in 2002 to 2.6% in 2003.

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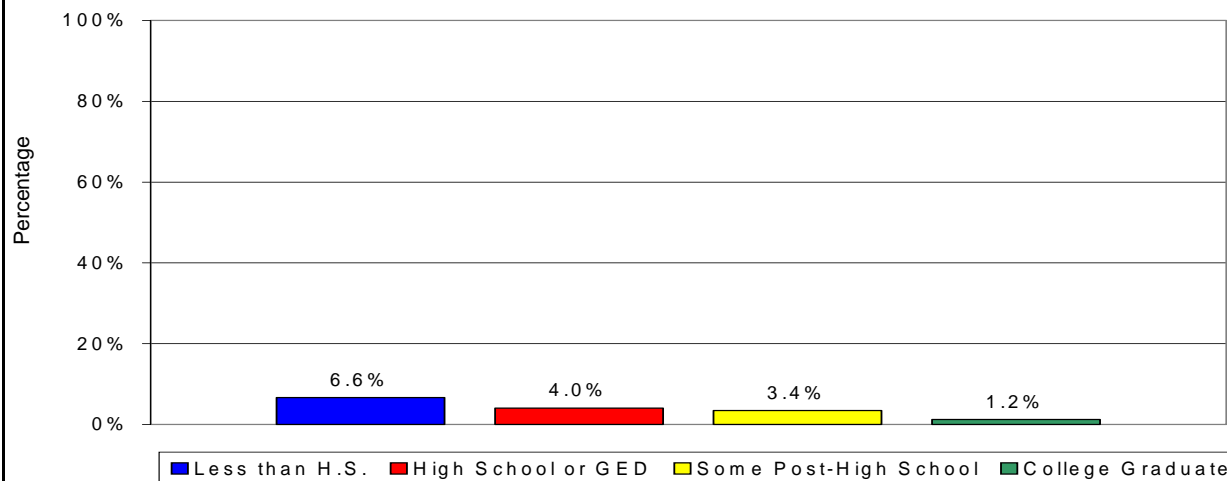
- The percentage of Whites, Blacks, and Hispanics in Missouri that engaged in HIV-related risk behaviors in the past year is less than the national percentages for Whites, Blacks, and Hispanics, respectively.

Figure 1.4. Percentage of individuals that engaged in HIV-related risk behaviors in the past year, by age, Missouri, 2003



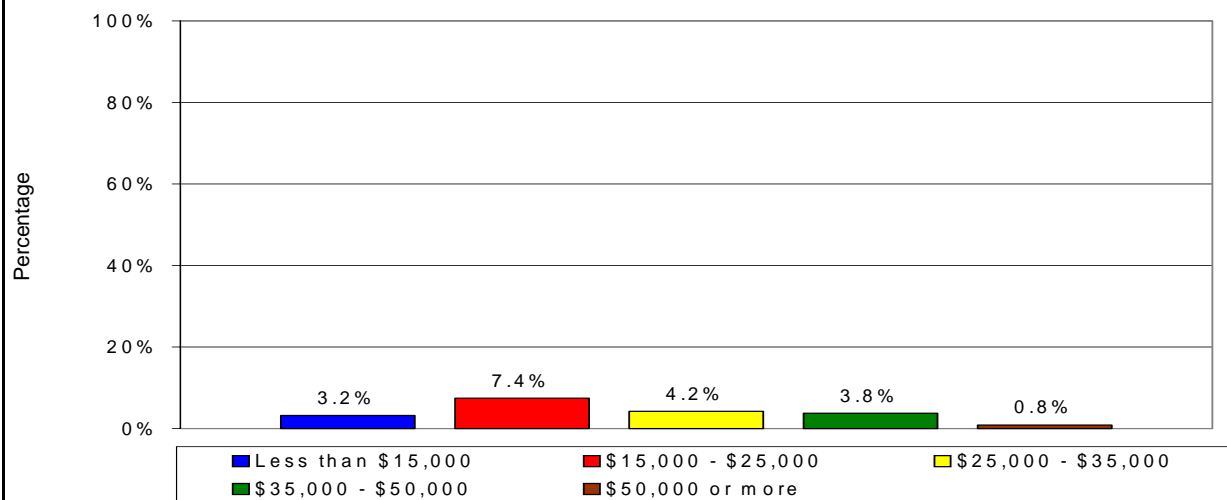
- In Missouri, the highest percentage of individuals that engaged in HIV-related risk behaviors is among individuals 18 to 24 years of age.
- While continuing to be the age group with the highest percentage of individuals that engaged in HIV-related risk behaviors in the past year, the percentage for the 18 to 24 age group decreased from 9.1% in 2002 to 7.6% in 2003.
- The percentage of individuals that engaged in HIV-related risk behaviors among individuals 25 to 34 year old age group increased from 3.0% in 2002 to 4.2% in 2003.

Figure 1.5. Percentage of individuals that engaged in HIV-related risk behaviors in the past year, by education level, Missouri, 2003



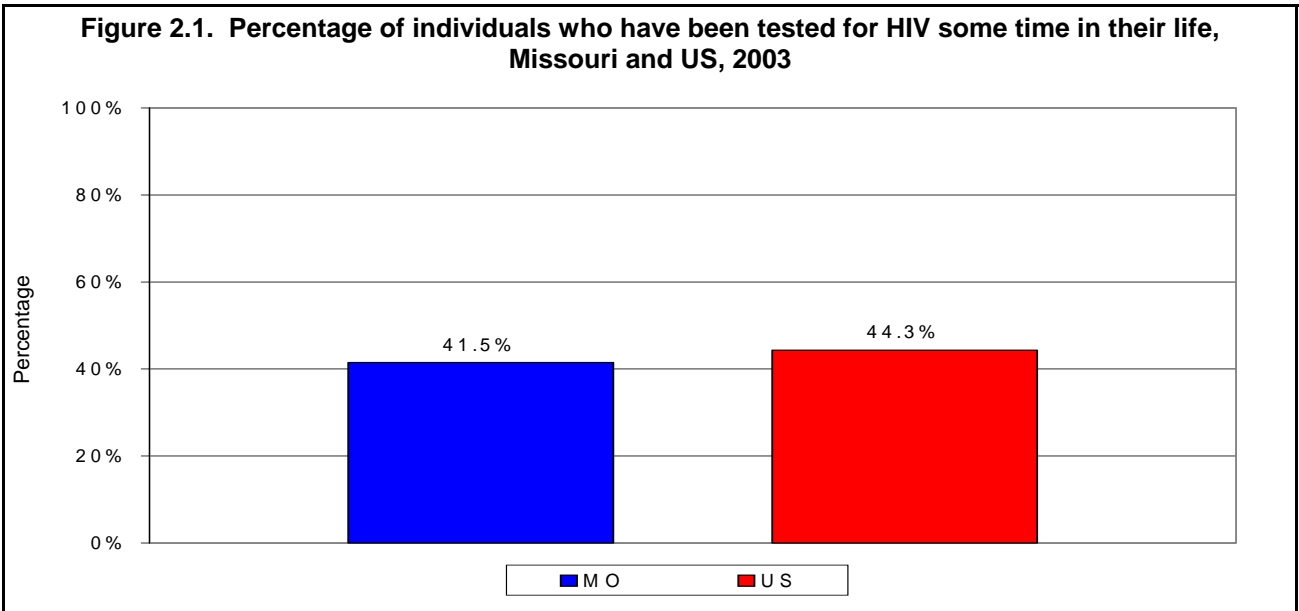
- The percentage of individuals that engaged in HIV-related risk behaviors is highest among persons with less than a high school education (6.6%). This is a decrease for this education level group from 2002 when it was 13%.
- The percentage of individuals that engaged in HIV-related risk behaviors increased among persons with a high school diploma or GED from 3.5% in 2002 to 4.0% in 2003, and from 2.5% in 2002 to 3.4% in 2003 among individuals with some post-high school education.

Figure 1.6. Percentage of individuals that engaged in HIV-related risk behaviors in the past year, by income level, Missouri, 2003

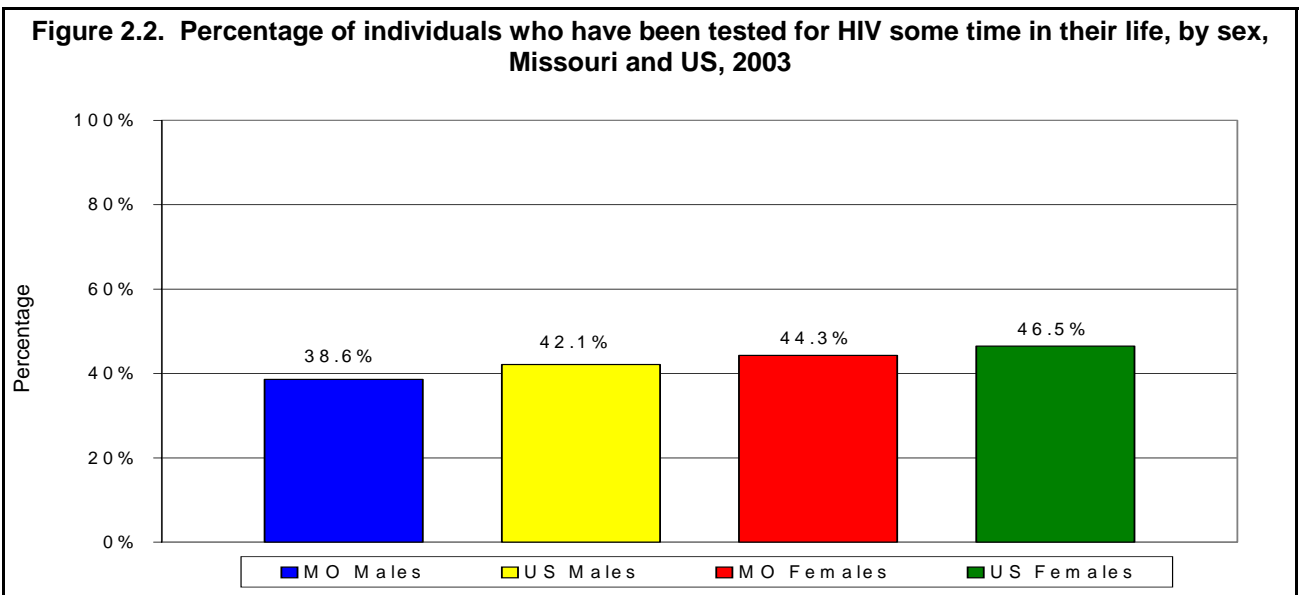


- The percentage of individuals that engaged in HIV-related risk behaviors is highest among individuals making \$15,000 to \$25,000 a year. This is a change from 2002 when the percentage was highest among individuals making less than \$15,000 a year.
- The percentage of individuals that engaged in HIV-related risk behaviors in the \$15,000 to \$25,000 range increased from 4.6% in 2002 to 7.4% in 2003.
- The percentage of individuals making \$25,000 to \$35,000 that engaged in HIV-related risk behaviors decreased from 5.8% in 2002 to 4.2% in 2003.

Question 2. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

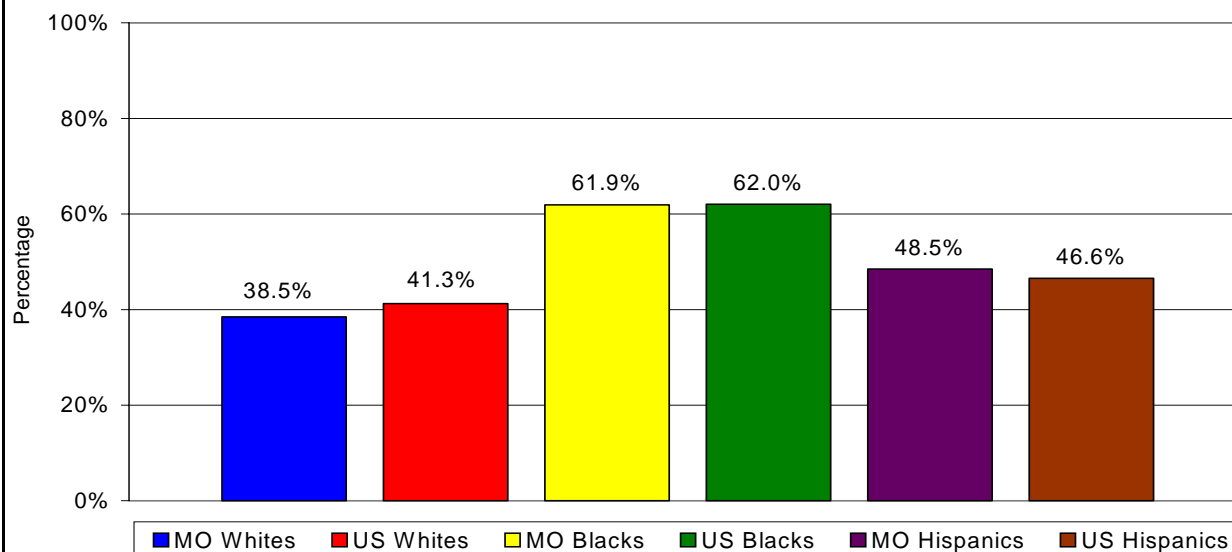


- The percentage of Missouri residents who have been tested for HIV some time in their life increased from 40.6% in 2002 to 41.5% in 2003.



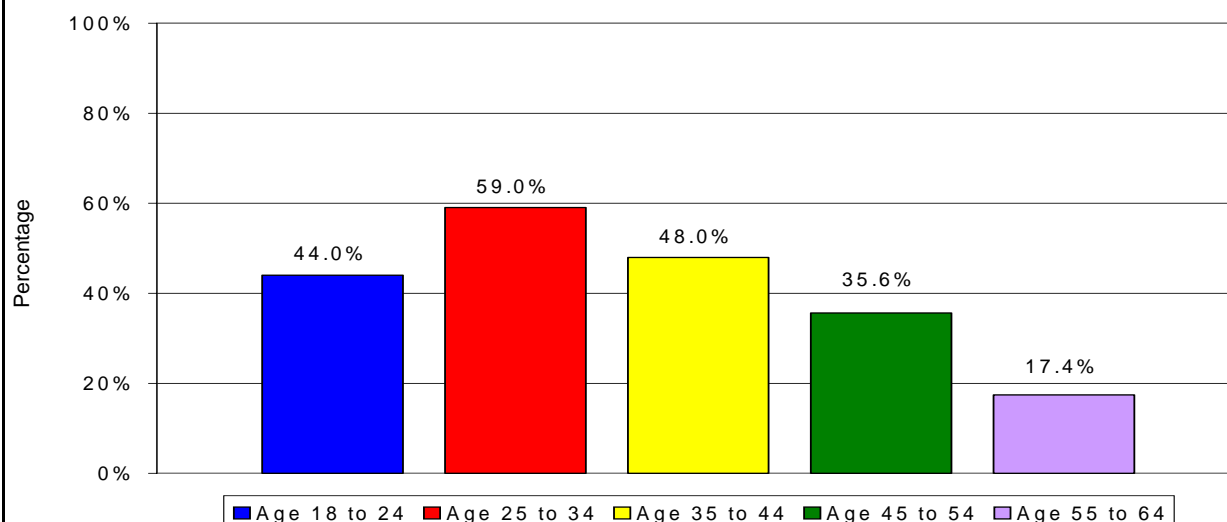
- The percentage of Missouri males who have been tested for HIV some time in their life decreased from 41.7% in 2002 to 38.6% in 2003.
- The percentage for Missouri females who have been tested for HIV some time in their life increased from 39.8% in 2002 to 44.3% in 2003.
- Percentages for Missouri males and females who have been tested for HIV some time in their life are lower than national percentages, respectively.

Figure 2.3. Percentage of individuals who have been tested for HIV some time in their life, by race/ethnicity, Missouri and US, 2003



- The percentage of Whites in Missouri who have been tested for HIV some time in their life increased from 37.7% in 2002 to 38.5% in 2003.
- The percentage of Blacks in Missouri who have been tested for HIV some time in their life decreased from 63.5% in 2002 to 61.9% in 2003.
- The percentage of Hispanics in Missouri who have been tested for HIV some time in their life decreased from 52.6% in 2002 to 48.5% in 2003.

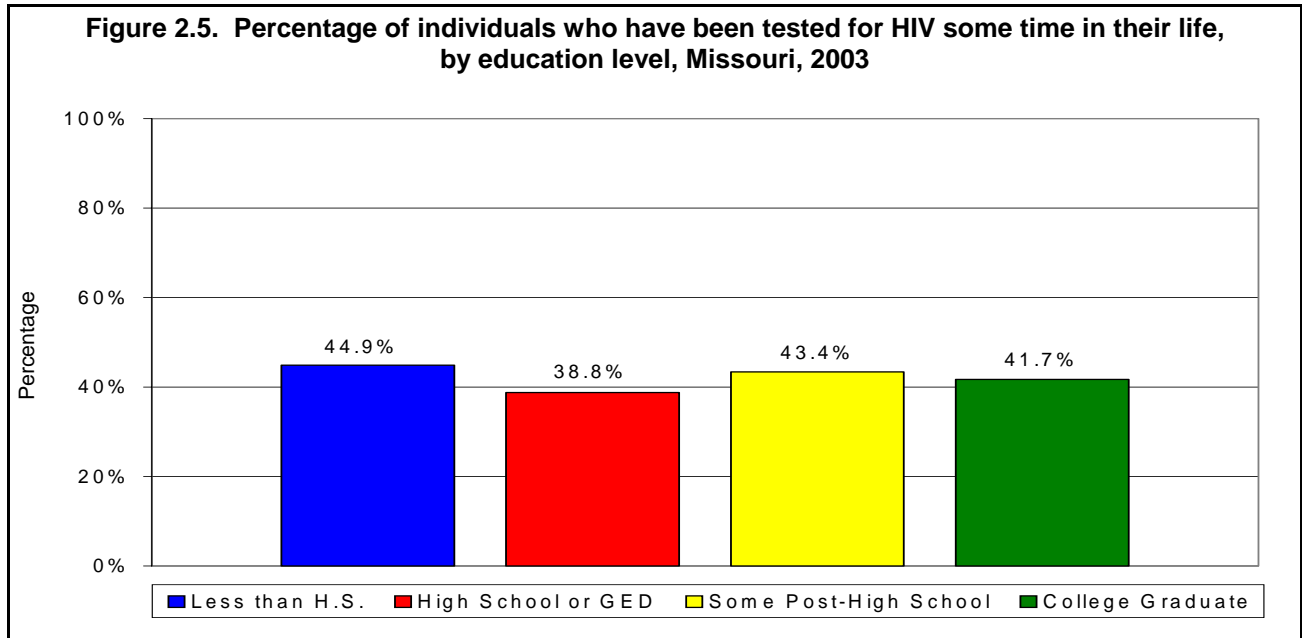
Figure 2.4. Percentage of individuals who have been tested for HIV some time in their life, by age, Missouri, 2003



- While continuing to be the age group with the highest percentage of individuals who have been tested for HIV some time in their life, the percentage for the 25 to 34 year old age group decreased from 60.5% in 2002 to 59% in 2003.

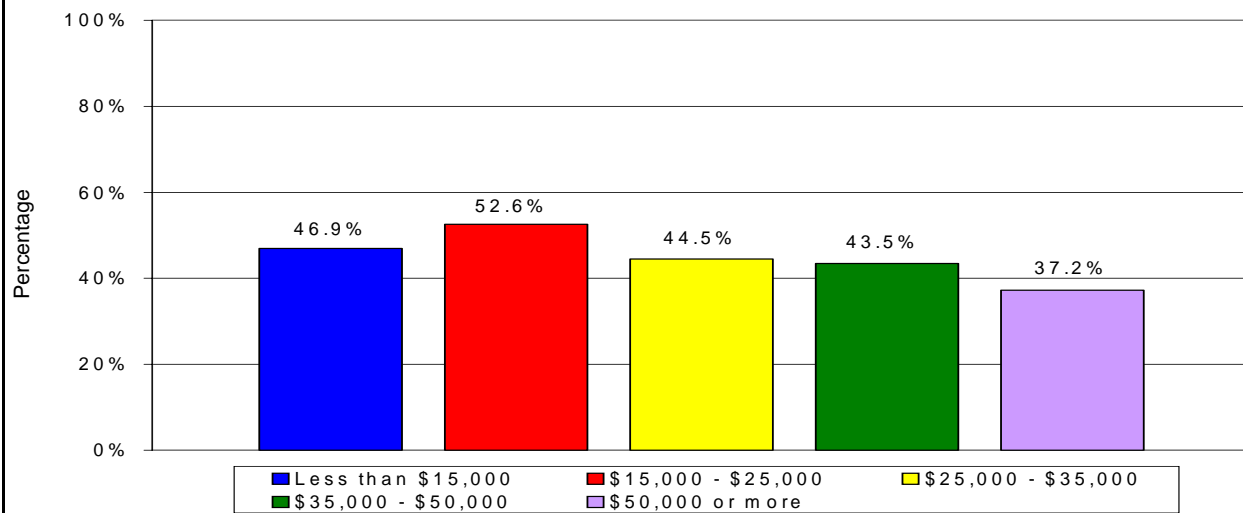
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- From 2002 to 2003, the percentage of individuals who have been tested for HIV some time in their life increased in the 18 to 24 and 45 to 54 year old age groups from 38.6% to 44% and from 32.2% to 35.6%, respectively.



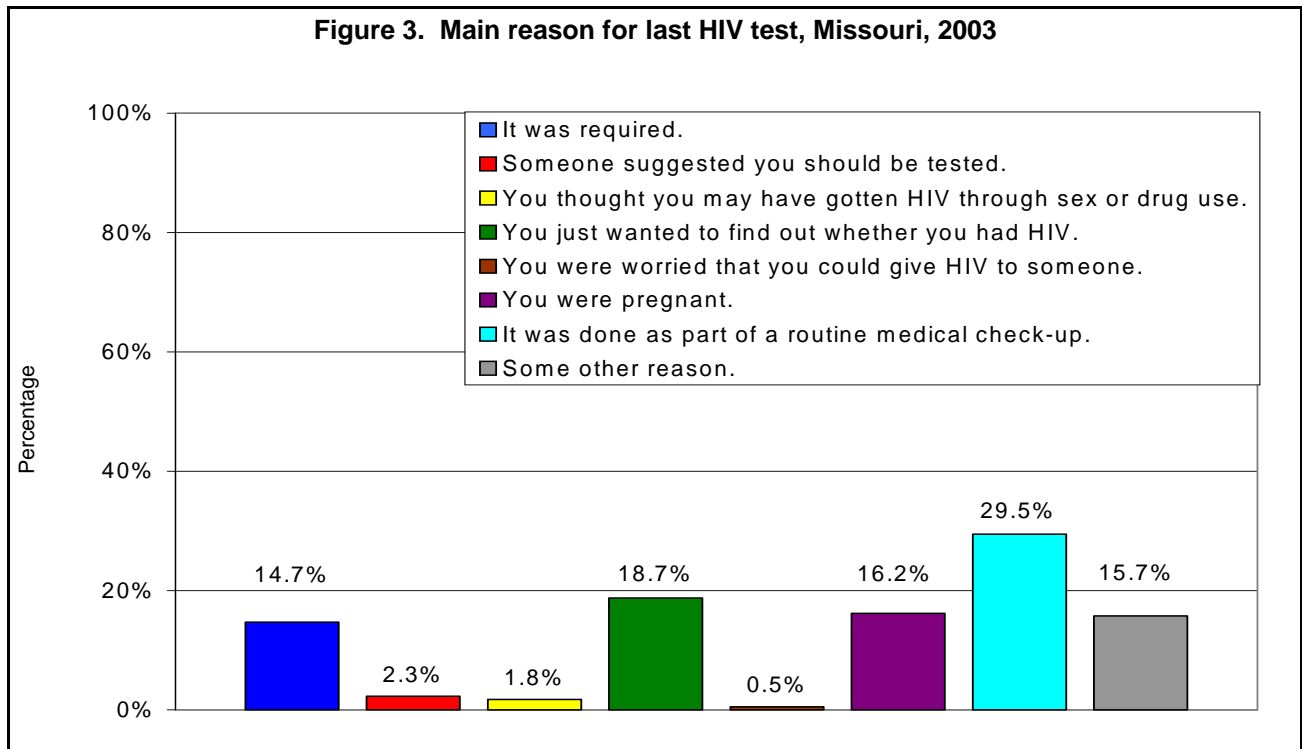
- The percentage of individuals who have been tested for HIV some time in their life increased from 42.8% in 2002 to 44.9% in 2003 among individuals with less than a high school education; from 36.6% in 2002 to 38.8% in 2003 among individuals with a high school diploma or GED; and from 42.9% in 2002 to 43.4% in 2003 among individuals with some post-high school education.
- The percentage of individuals who have been tested for HIV some time in their life decreased from 42.3% in 2002 to 41.7% in 2003 among college graduates.

Figure 2.6. Percentage of individuals who have been tested for HIV some time in their life, by income level, Missouri, 2003



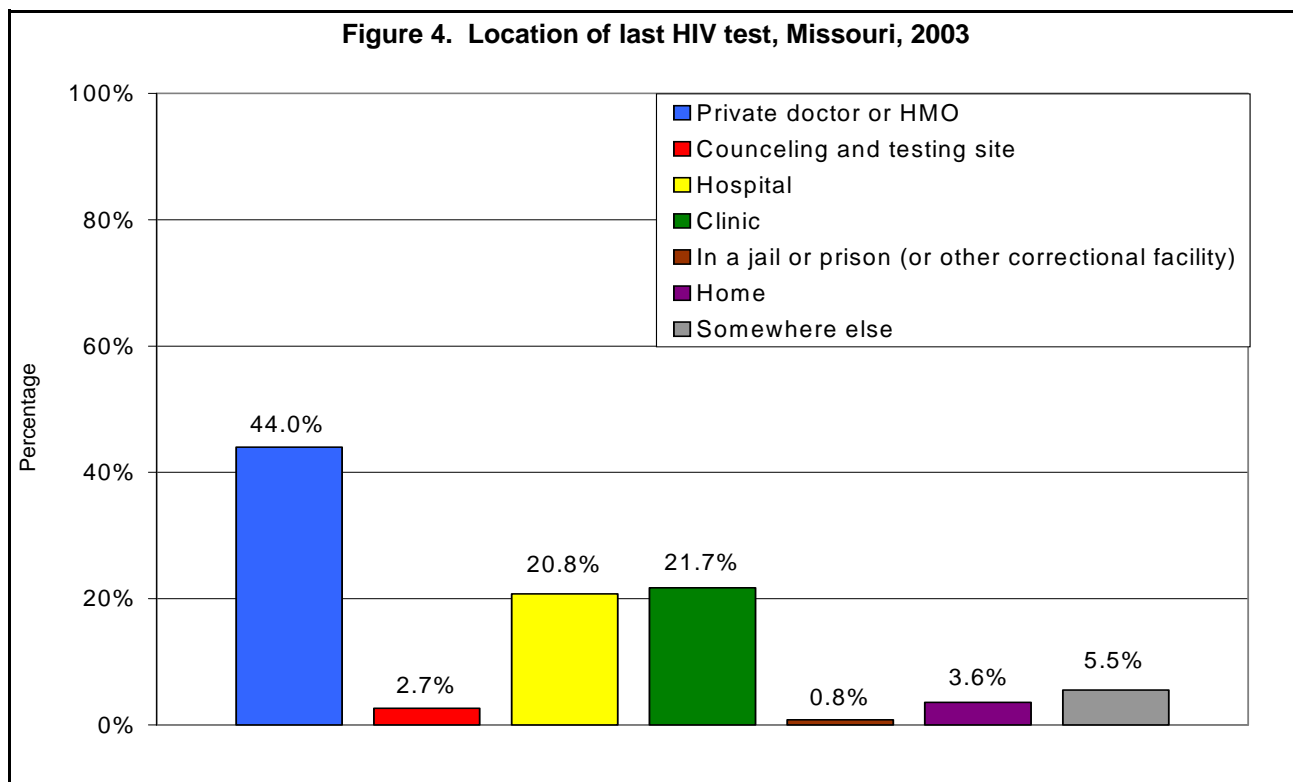
- The percentage of individuals who have been tested for HIV some time in their life increased from 44% in 2002 to 46.9% in 2003 among individuals making less than \$15,000; from 49% in 2002 to 52.6% in 2003 among individuals making \$15,000 to \$25,000; from 41% in 2002 to 44.5% in 2003 among individuals making \$25,000 to \$35,000; and from 40% in 2002 to 43.5% in 2003 among people making \$35,000 to \$50,000 a year.
- The percentage of individuals who have been tested for HIV some time in their life decreased from 40% in 2002 to 37.2% in 2003 among people making \$50,000 or more a year.

Question 3. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?



- Most individuals who have ever had an HIV test did so as part of a routine medical checkup. The 2003 percentage (29.5%) is an increase from 28% in 2002 for this response.
- The percentage of women who had a test because they were pregnant rose from 13.6% in 2002 to 16.2% in 2003.
- While individuals who had the test because they were curious is the second highest category for the past 2 years, the 2003 percentage (18.7%) is lower than the 2002 percentage (20.5%).
- An additional 0.3% of individuals responded "Don't Know/Not Sure" and 0.4% did not respond to this question. Percentages do not equal 100% due to rounding.

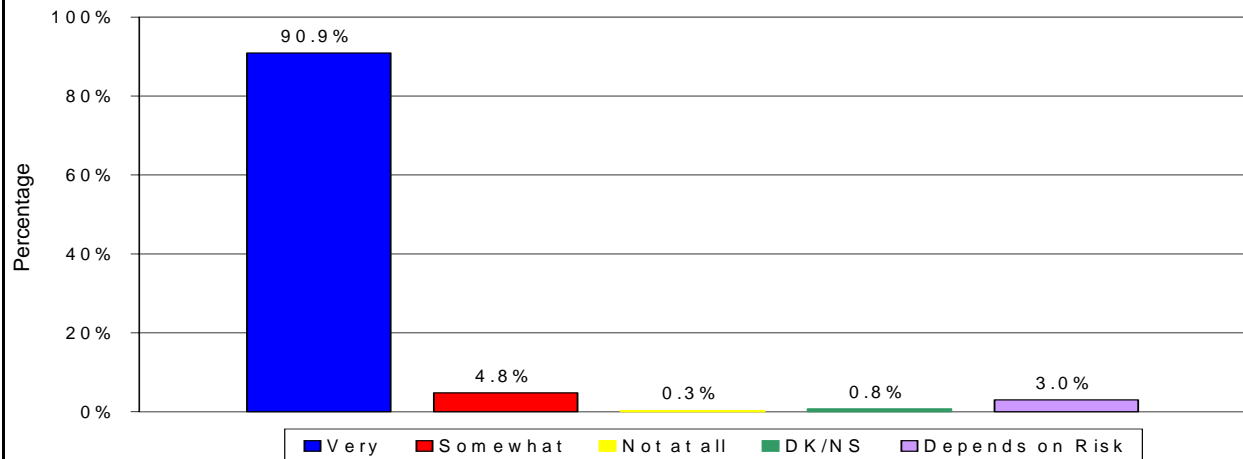
Question 4. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere



- The largest proportion of individuals (44%) who have ever had an HIV test did so at a private doctor's office or HMO. This is almost the same as the 2002 percentage (44.4%) of persons who tested at the same type of location.
- The next largest percentage of individuals (21.7%) who have ever had an HIV test did so at a clinic. The 2003 percentage for this location has increased since 2002 when it was 19.8%.
- The third largest percentage of individuals (20.8%) who have ever had an HIV test did so at a hospital. The percentage for this location has increased since 2002 when it was 19.8%.
- An additional 0.8% of individuals responded "Don't Know/Not Sure" and 0.1% did not respond to this question.

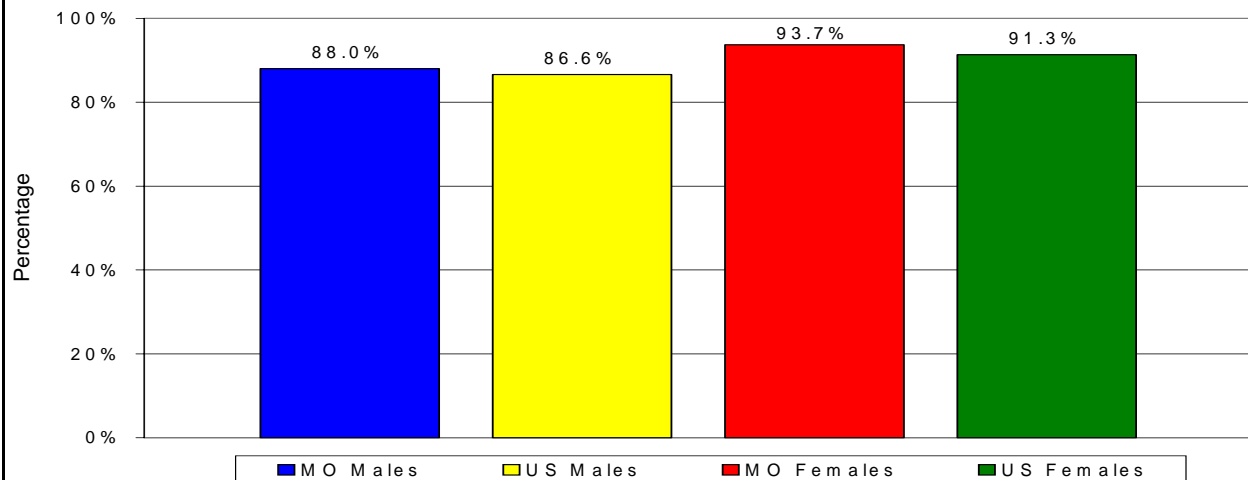
Question 5. How important do you think it is for people to know their HIV status by getting tested?
(This question is designed to reflect the attitude in the general population about this issue.)

Figure 5.1. The degree to which individuals believe it is important for people to know their HIV status by being tested, Missouri, 2003



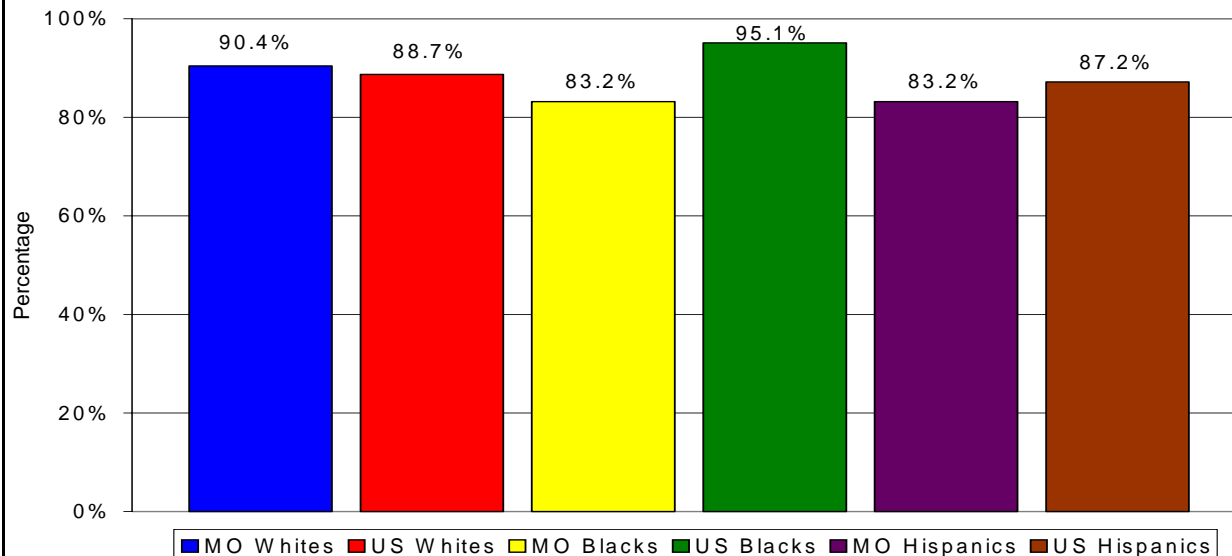
- The percentage of individuals who stated that it is very important for people to find out their HIV status by being tested remained very high in 2003. It increased from 90.6% in 2002 to 90.9% in 2003.
- Although 90.9% of Missouri individuals stated it is important for people to know their HIV status by being tested, only 41.5% reported being tested some time in their life (see Figure 2.1).

Figure 5.2. Percentage of individuals who agreed that finding out one's HIV status by testing is "very important," by sex, Missouri and US, 2003



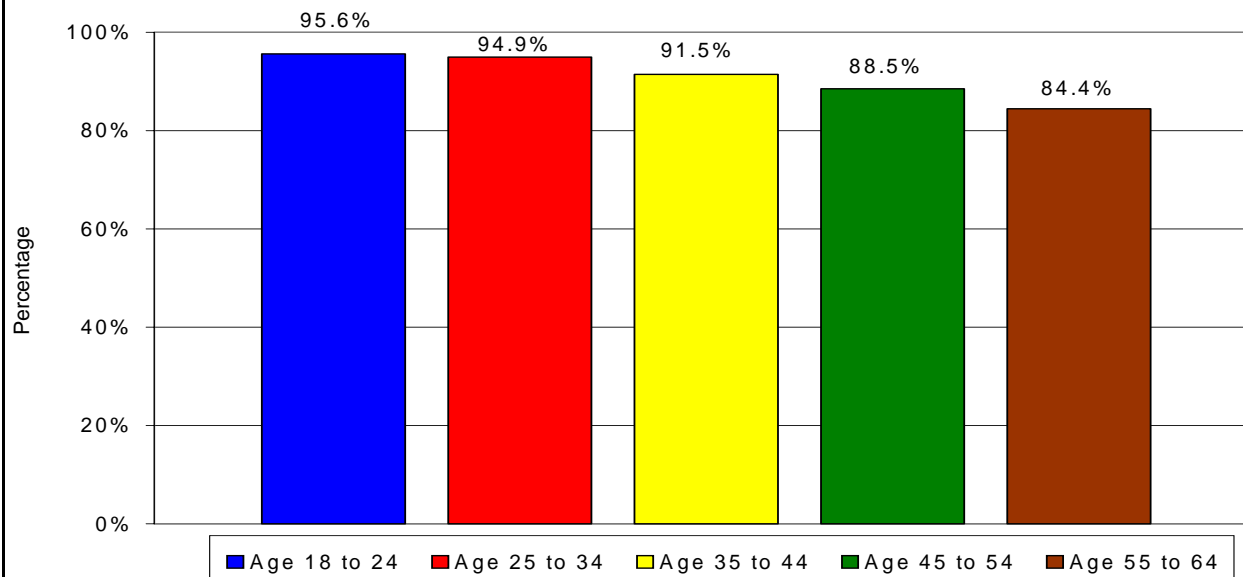
- More Missouri females (93.7%) than males (88%) believe it is very important to find out one's HIV status by being tested.
- The percentage of Missouri males who agreed that it is very important to find out one's HIV status by being tested decreased slightly (0.2 percentage points) while the percentage of Missouri females who agreed that it is very important to find out one's HIV status by being tested increased slightly (0.8 percentage points) from 2002.

Figure 5.3. Percentage of individuals who agreed that finding out one's HIV status by testing is "very important," by race/ethnicity, Missouri and US, 2003



- The percentage of Whites in Missouri who agreed that it is very important to find out one's HIV status by being tested increased from 90.1% in 2002 to 90.4% in 2003.
- The percentage of Blacks in Missouri who agreed that it is very important to find out one's HIV status by being tested decreased from 98.5% in 2002 to 83.2% in 2003.
- The percentage of Hispanics in Missouri who agreed that it is very important to find out one's HIV status by being tested decreased from 91.1% in 2002 to 83.2% in 2003.

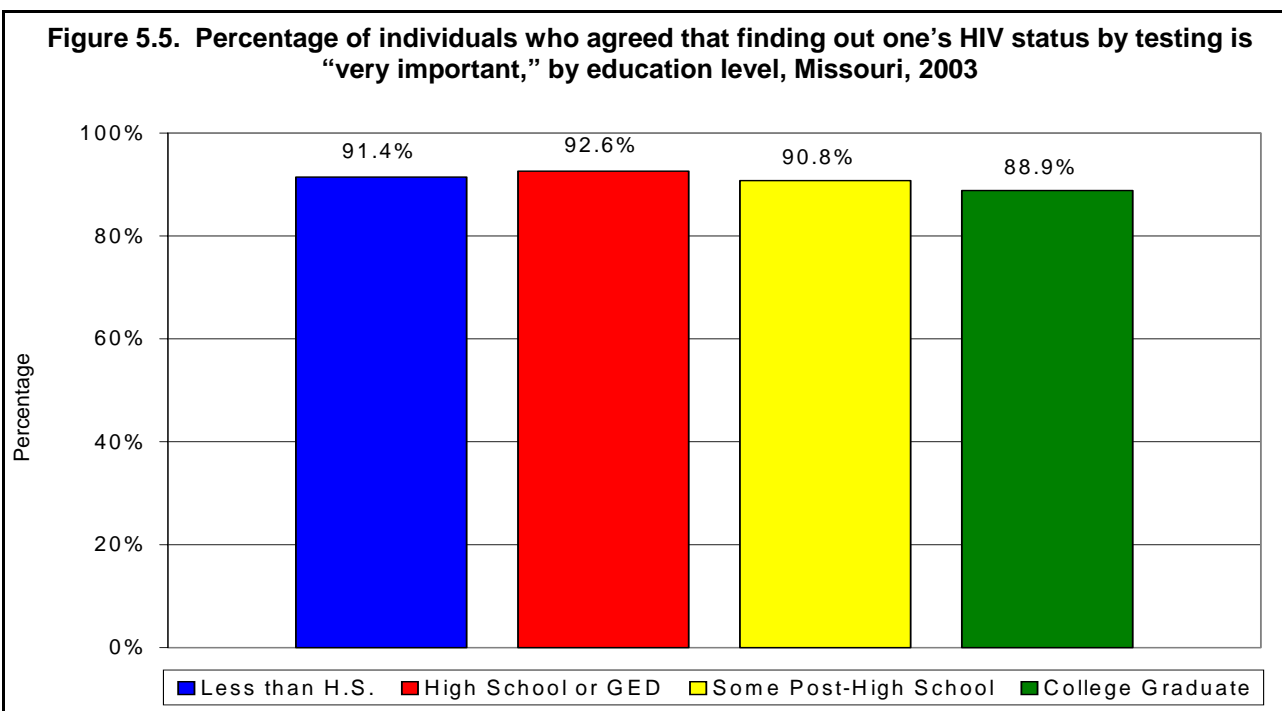
Figure 5.4. Percentage of individuals who agreed that finding out one's HIV status by testing is "very important," by age, Missouri, 2003



- The percentage of individuals in Missouri ages 18 to 24 who agreed that it is very important to find out one's HIV status by being tested decreased from 96.1% in 2002 to 95.6% in 2003.

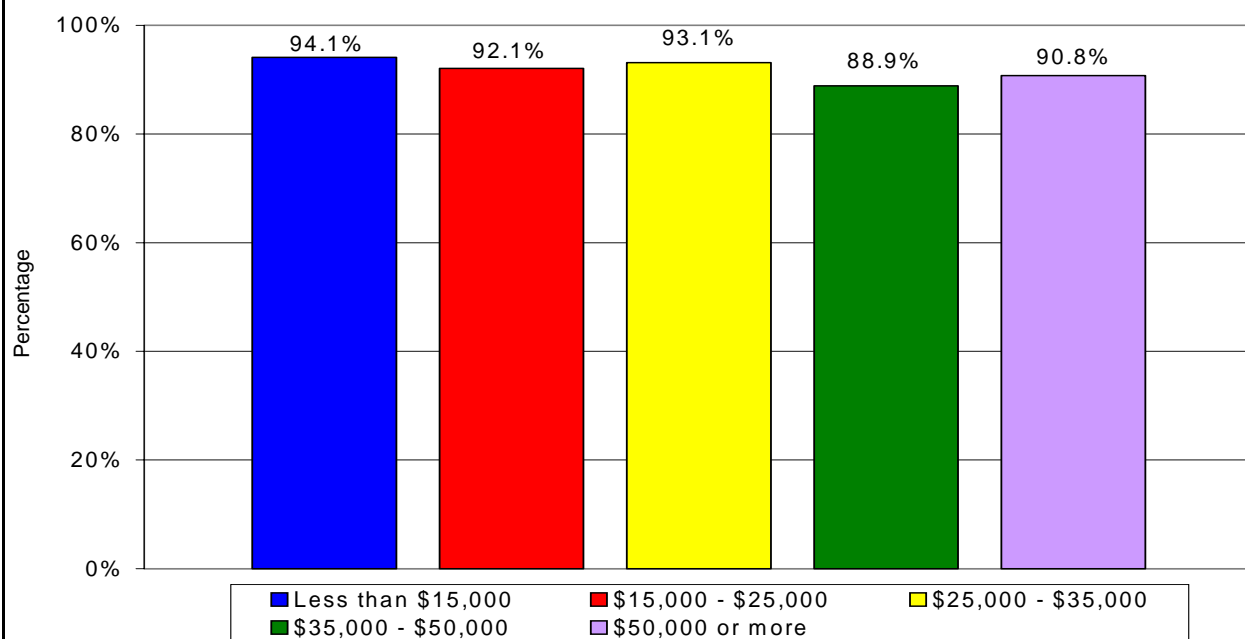
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- The percentage of individuals in Missouri ages 25 to 34 who agreed that it is very important to find out one's HIV status by being tested increased from 93.6% in 2002 to 94.9% in 2003.
- The percentage of individuals in Missouri ages 35 to 44 who agreed that it is very important to find out one's HIV status by being tested decreased from 92.5% in 2002 to 91.5% in 2003.
- The percentage of individuals in Missouri ages 45 to 54 who agreed that it is very important to find out one's HIV status by being tested increased from 87.2% in 2002 to 88.5% in 2003.
- The percentage of individuals in Missouri ages 55 to 64 who agreed that it is very important to find out one's HIV status by being tested increased from 84.1% in 2002 to 84.4% in 2003.



- The percentage of individuals in Missouri with less than a high school education who agreed that finding out one's HIV status by testing is very important decreased from 91.5% in 2002 to 91.4% in 2003.
- The percentage of individuals in Missouri with a high school diploma or GED who agreed that finding out one's HIV status by testing is very important increased from 89.3% in 2002 to 93.6% in 2003.
- The percentage of individuals in Missouri with some post-high school education who agreed that finding out one's HIV status by testing is very important decreased from 93.3% in 2002 to 90.8% in 2003.
- The percentage of individuals in Missouri with a college degree who agreed that finding out one's HIV status by testing is very important decreased from 89% in 2002 to 88.9% in 2003.

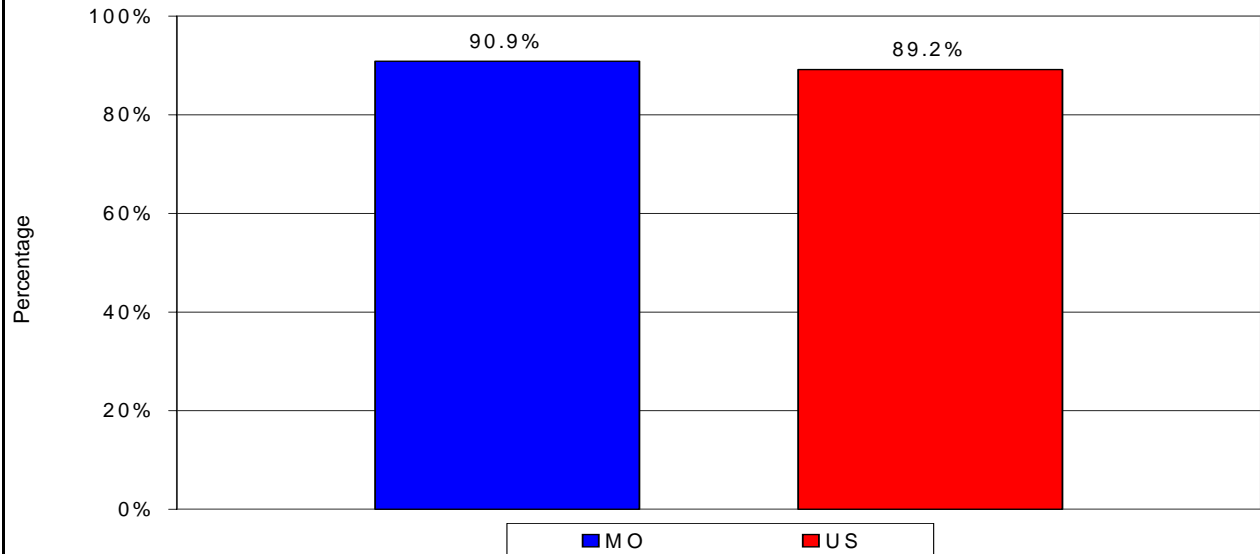
Figure 5.6. Percentage of individuals who agreed that finding out one's HIV status by testing is "very important," by income level, Missouri, 2003



- The percentage of individuals in Missouri with an income less than \$15,000 a year who agreed that finding out one's HIV status by testing is very important decreased from 94.9% in 2002 to 94.1% in 2003.
- The percentage of individuals in Missouri with an income between \$15,000 and \$25,000 a year who agreed that finding out one's HIV status by testing is very important decreased from 92.8% in 2002 to 92.1% in 2003.
- The percentage of individuals in Missouri with an income between \$25,000 and \$35,000 a year who agreed that finding out one's HIV status by testing is very important increased from 90.4% in 2002 to 93.1% in 2003.
- The percentage of individuals in Missouri with an income between \$35,000 and \$50,000 a year who agreed that finding out one's HIV status by testing is very important decreased from 90.5% in 2002 to 88.9% in 2003.
- The percentage of individuals in Missouri with an income of \$50,000 or more a year who agreed that finding out one's HIV status by testing is very important decreased from 92% in 2002 to 90.8% in 2003.

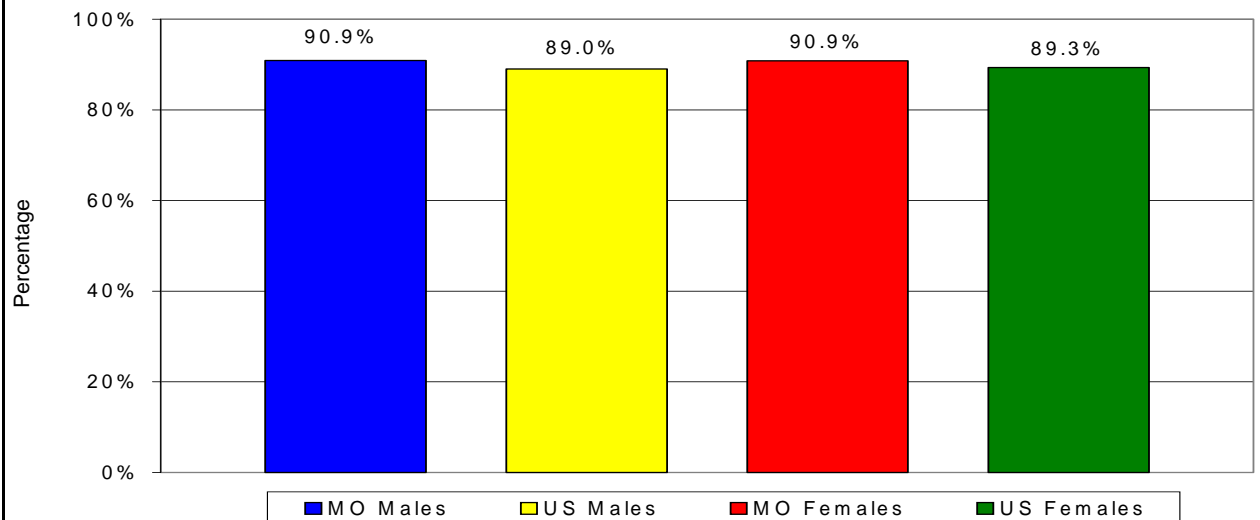
Question 6. True or False? There are medical treatments available that are intended to help a person who is infected with HIV to live longer. *(This question is designed to reflect the attitude in the general population about this issue.)*

Figure 6.1. Percentage of individuals that know medical treatments are available to help a person live longer with HIV, Missouri and US, 2003



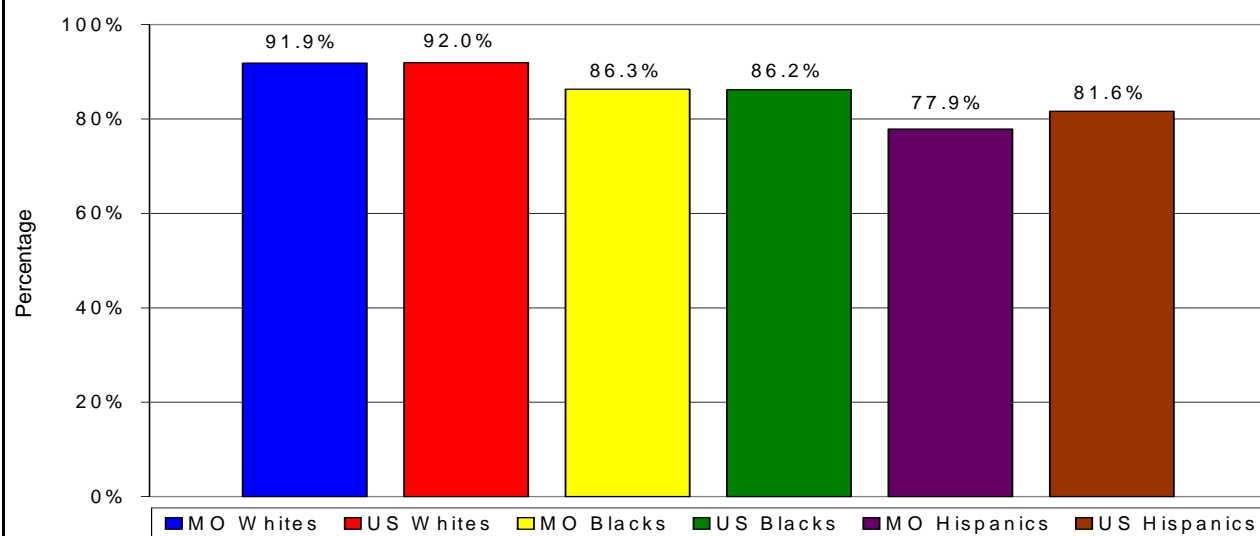
- The percentage of Missouri individuals who knew medical treatments were available to help a person live longer with HIV increased from 89% in 2002 to 90.9% in 2003.

Figure 6.2. Percentage of individuals that know medical treatments are available to help a person live longer with HIV, by sex, Missouri and US, 2003



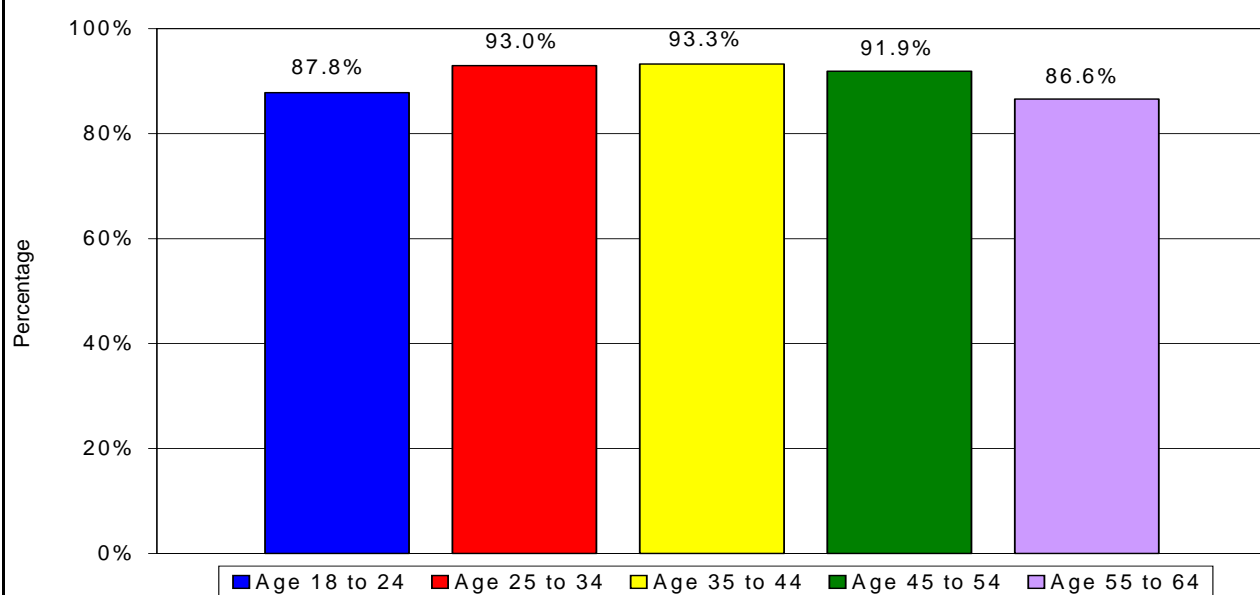
- The percentage of Missouri males who knew medical treatments were available to help a person live longer with HIV increased from 89% in 2002 to 90.9% in 2003.
- The percentage of Missouri females who knew medical treatments were available to help a person live longer with HIV increased from 89.1% in 2002 to 90.9% in 2003.

Figure 6.3. Percentage of individuals that know medical treatments are available to help a person live longer with HIV, by race/ethnicity, Missouri and US, 2003



- The percentage of Whites in Missouri who knew medical treatments were available to help a person live longer with HIV increased from 90.1% in 2002 to 91.9% in 2003.
- The percentage of Blacks in Missouri who knew medical treatments were available to help a person live longer with HIV increased from 84.7% in 2002 to 86.3% in 2003.
- The percentage of Hispanics in Missouri who knew medical treatments were available to help a person live longer with HIV decreased from 82.3% in 2002 to 77.9% in 2003.

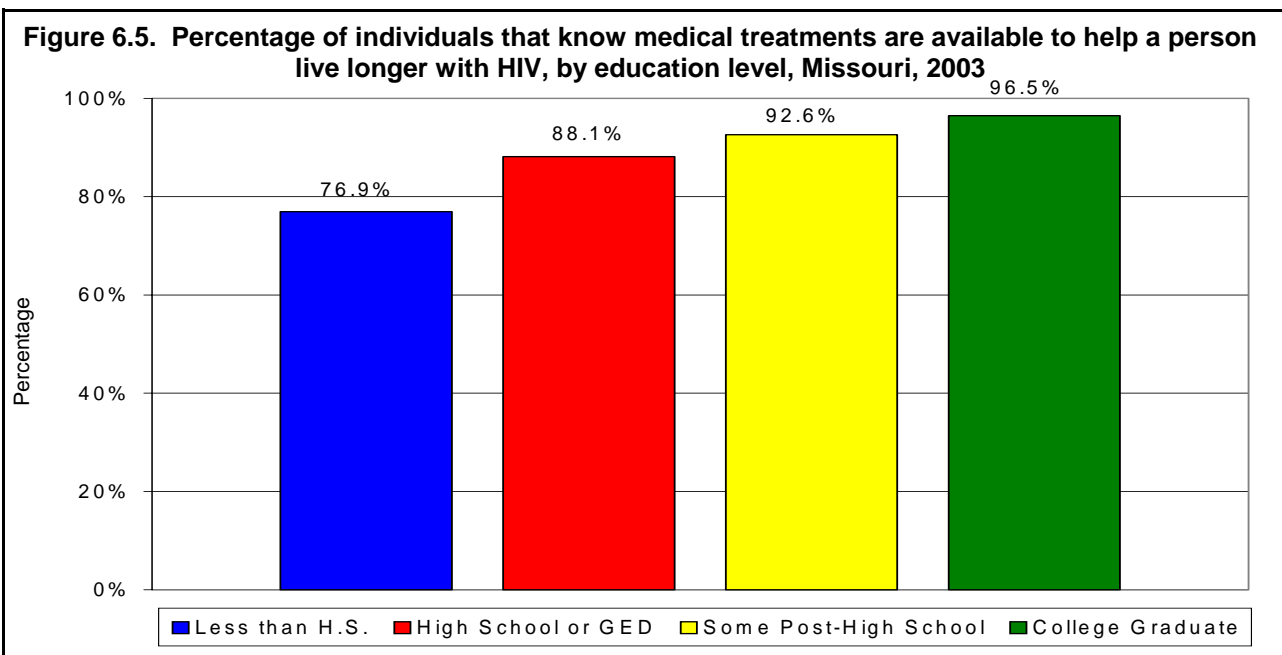
Figure 6.4. Percentage of individuals that know medical treatments are available to help a person live longer with HIV, by age, Missouri, 2003



- The percentage of Missouri residents 18 to 24 years old who knew medical treatments were available to help a person live longer with HIV decreased from 89.1% in 2002 to 87.8% in 2003.

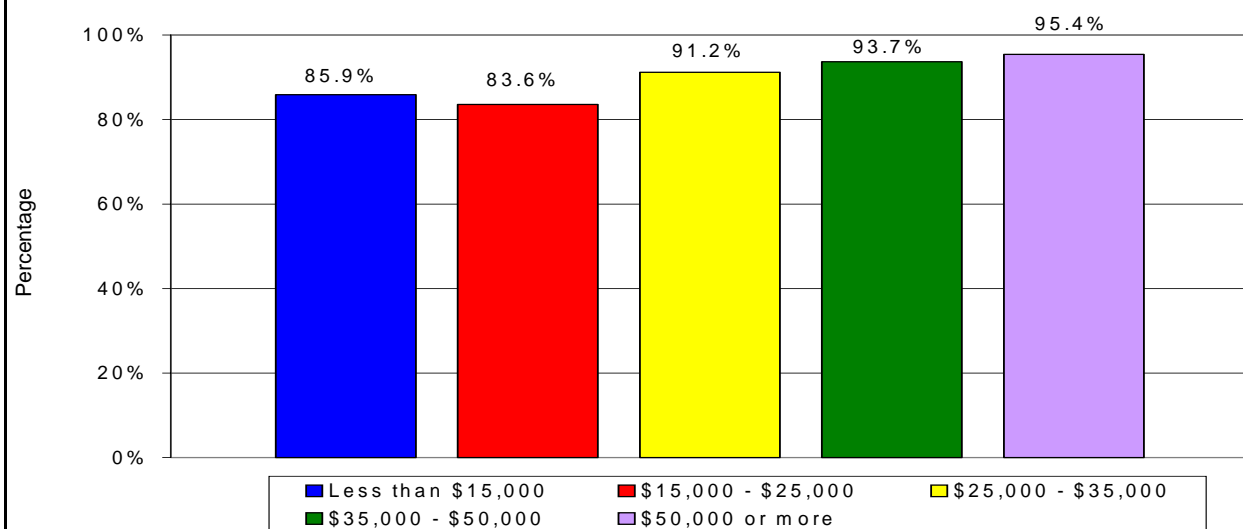
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- The percentage of Missouri residents 25 to 34 years old who knew medical treatments were available to help a person live longer with HIV increased from 90.4% in 2002 to 93% in 2003.
- The percentage of Missouri residents 35 to 44 years old who knew medical treatments were available to help a person live longer with HIV increased from 91.4% in 2002 to 93.3% in 2003.
- The percentage of Missouri residents 45 to 54 years old who knew medical treatments were available to help a person live longer with HIV increased from 89.3% in 2002 to 91.9% in 2003.
- The percentage of Missouri residents 55 to 64 years old who knew medical treatments were available to help a person live longer with HIV increased from 83.9% in 2002 to 86.6% in 2003.



- The percentage of individuals in Missouri with less than a high school education who knew medical treatments were available to help a person live longer with HIV increased from 71.7% in 2002 to 76.9% in 2003.
- The percentage of individuals in Missouri with a high school diploma or GED who knew medical treatments were available to help a person live longer with HIV increased from 83.8% in 2002 to 88.1% in 2003.
- The percentage of individuals in Missouri with some post-high school education who knew medical treatments were available to help a person live longer with HIV decreased from 93.5% in 2002 to 92.6% in 2003.
- The percentage of individuals in Missouri with a college degree who knew medical treatments were available to help a person live longer with HIV decreased from 96.6% in 2002 to 96.5% in 2003.

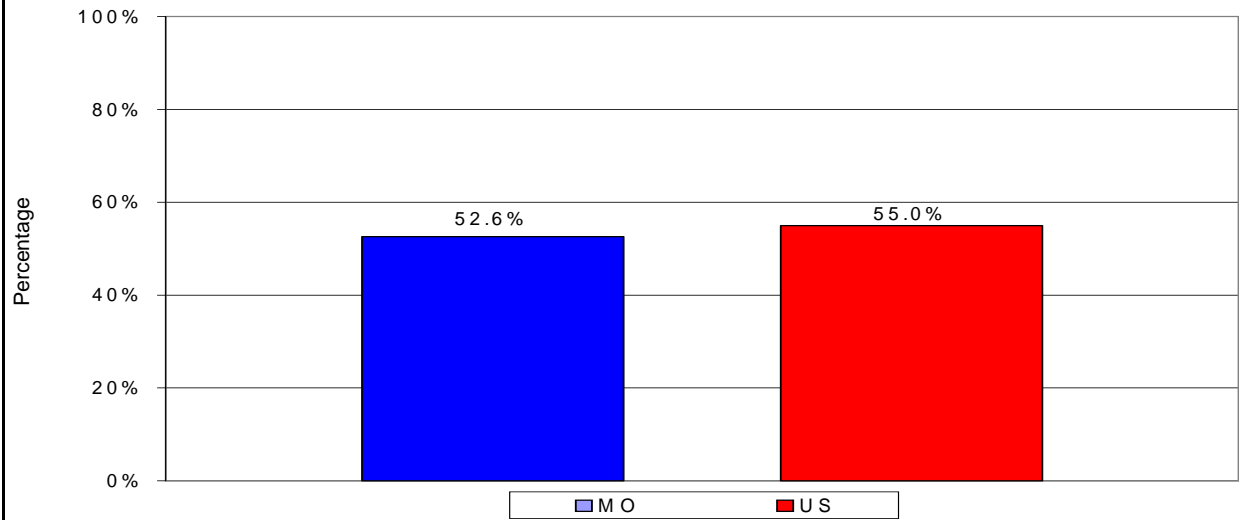
Figure 6.6. Percentage of individuals that know medical treatments are available to help a person live longer with HIV, by income level, Missouri, 2003



- The percentage of individuals in Missouri with an income less than \$15,000 a year who knew medical treatments were available to help a person live longer with HIV decreased from 87.3% in 2002 to 85.9% in 2003.
- The percentage of individuals in Missouri with an income between \$15,000 and \$25,000 a year who knew medical treatments were available to help a person live longer with HIV increased from 82.7% in 2002 to 83.6% in 2003.
- The percentage of individuals in Missouri with an income between \$25,000 and \$35,000 a year who knew medical treatments were available to help a person live longer with HIV increased from 84.7% in 2002 to 91.2% in 2003.
- The percentage of individuals in Missouri with an income between \$35,000 and \$50,000 a year who knew medical treatments were available to help a person live longer with HIV increased from 88.9% in 2002 to 93.7% in 2003.
- The percentage of individuals in Missouri with an income of \$50,000 or greater a year who knew medical treatments were available to help a person live longer with HIV decreased from 96% in 2002 to 95.4% in 2003.

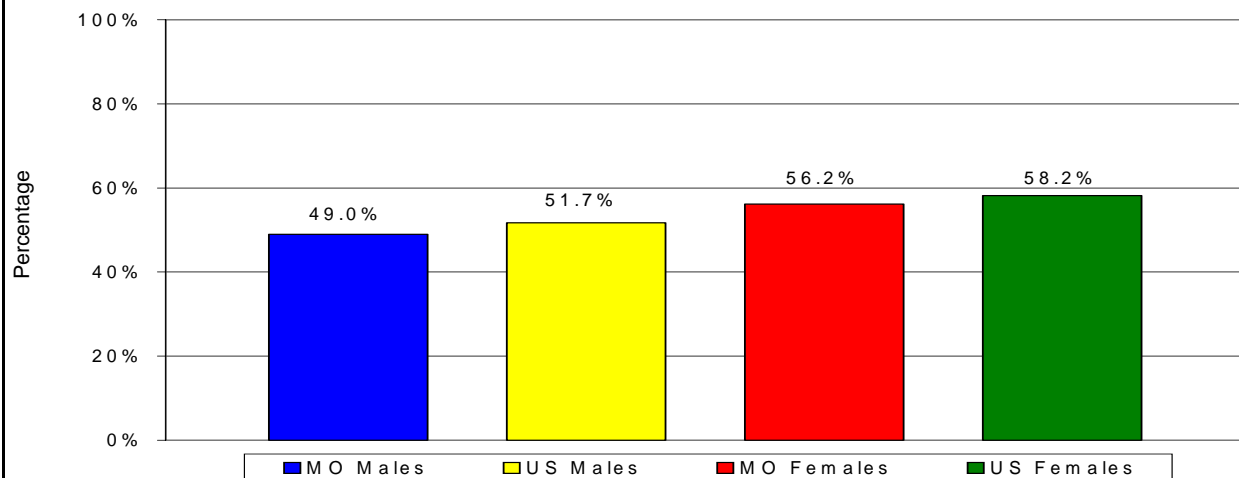
Question 7. True or False? A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. *(This question is designed to reflect knowledge in the general population about this issue.)*

Figure 7.1. Percentage of individuals that believe a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby, Missouri and US, 2003



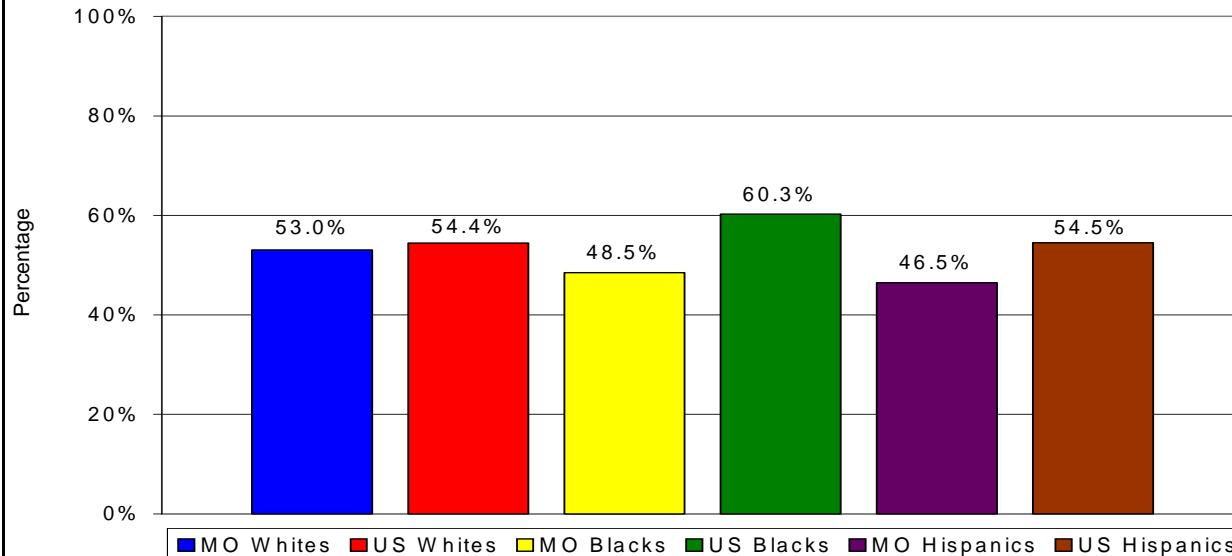
- The percentage of individuals in Missouri who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 47.6% in 2002 to 52.6% in 2003.

Figure 7.2. Percentage of individuals that believe a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby, by sex, Missouri and US, 2003

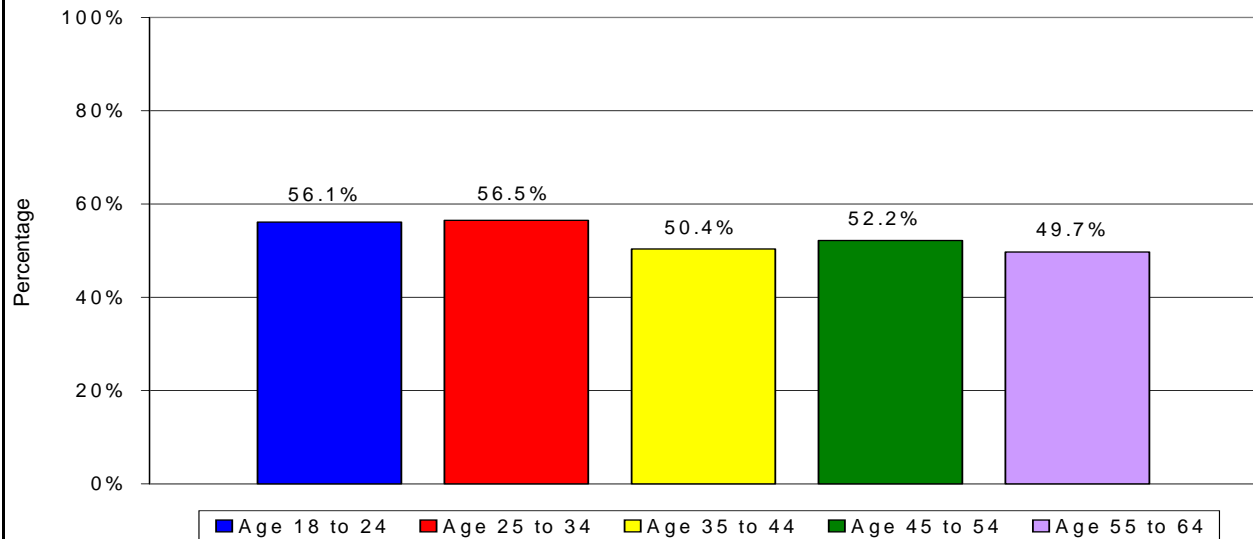


- The percentage of Missouri males who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 44.8% in 2002 to 49% in 2003.
- The percentage of Missouri females who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 53.6% in 2002 to 56.2% in 2003.

Figure 7.3. Percentage of individuals that believe a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby, by race/ethnicity, Missouri and US, 2003

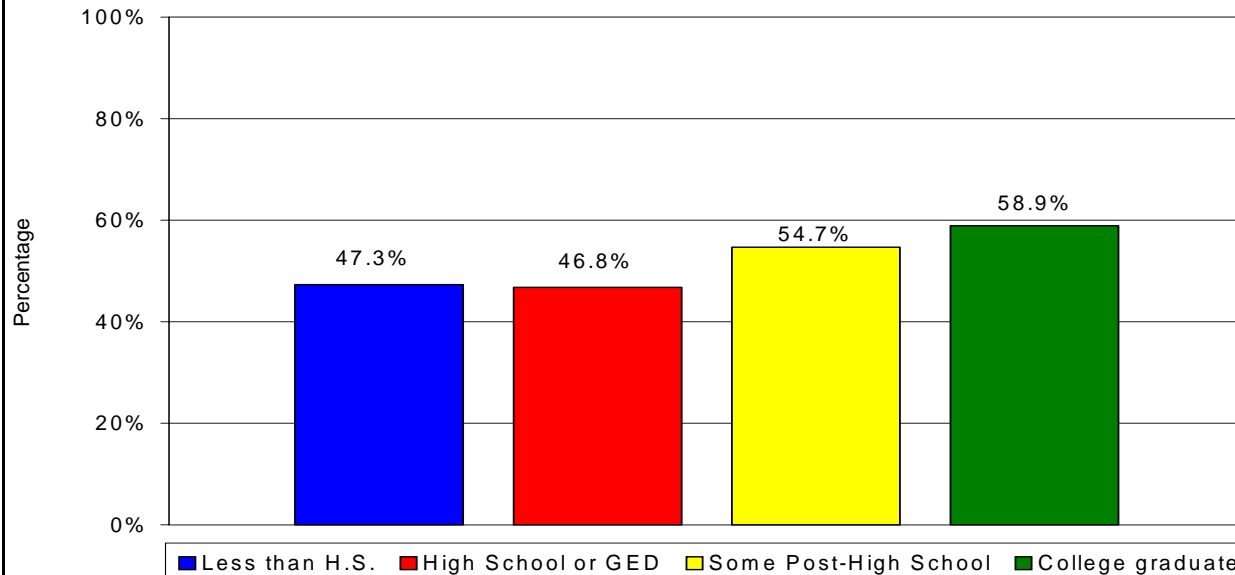


- The percentage of Whites in Missouri who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 48.3% in 2002 to 53% in 2003.
- The percentage of Blacks in Missouri who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby decreased from 60.5% in 2002 to 48.5% in 2003.
- The percentage of Hispanics in Missouri who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby decreased from 46.9% in 2002 to 46.5% in 2003.

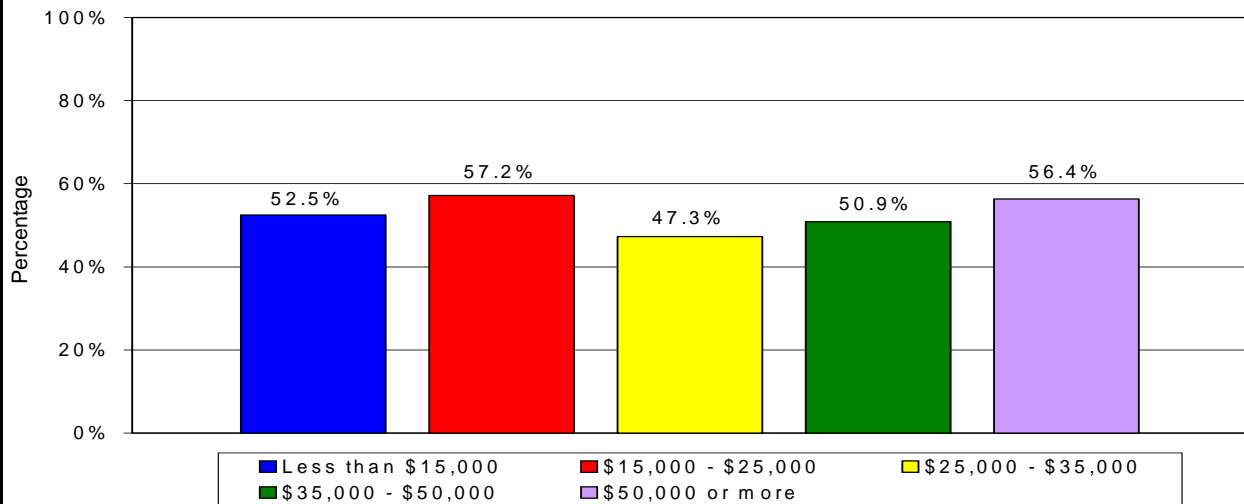
Figure 7.4. Percentage of individuals that believe a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby, by age, Missouri, 2003

- The percentage of Missouri residents 18 to 24 years old who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby decreased from 57.7% in 2002 to 56.1% in 2003.
- The percentage of Missouri residents 25 to 34 years old who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 52% in 2002 to 56.5% in 2003.
- The percentage of Missouri residents 35 to 44 years old who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 47.8% in 2002 to 50.4% in 2003.
- The percentage of Missouri residents 45 to 54 years old who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 45.1% in 2002 to 52.2% in 2003.
- The percentage of Missouri residents 55 to 64 years old who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 44.6% in 2002 to 49.7% in 2003.

Figure 7.5. Percentage of individuals that believe a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby, by education level, Missouri, 2003



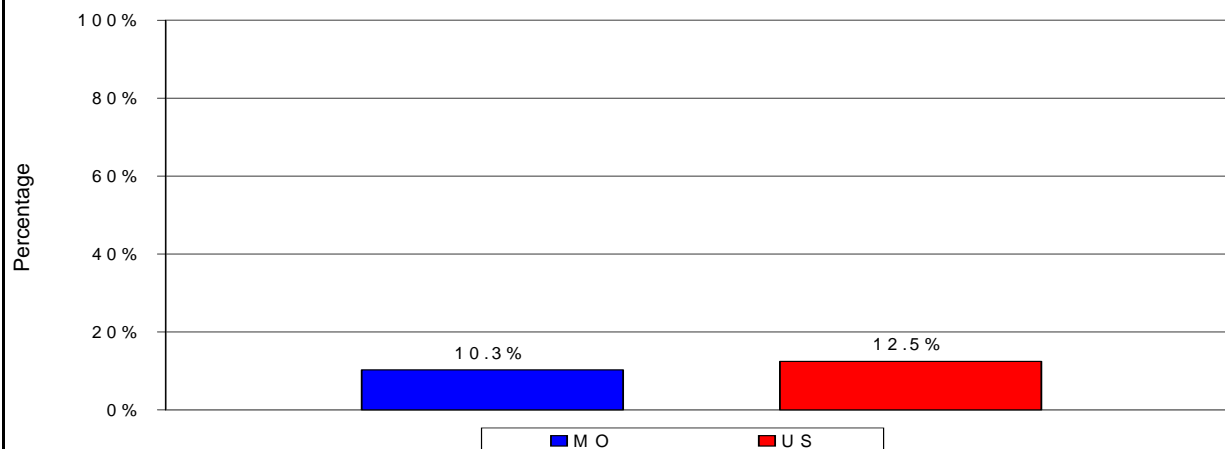
- The percentage of individuals in Missouri with less than a high school education who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 40.7% in 2002 to 47.3% in 2003.
- The percentage of individuals in Missouri with a high school diploma or GED who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 43.9% in 2002 to 46.8% in 2003.
- The percentage of individuals in Missouri with some post-high school education who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 52.4% in 2002 to 54.7% in 2003.
- The percentage of individuals in Missouri with a college degree who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 55.4% in 2002 to 58.9% in 2003.

Figure 7.6. Percentage of individuals that believe a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby, by income level, Missouri, 2003

- The percentage of individuals in Missouri with an income less than \$15,000 a year who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby decreased from 60.1% in 2002 to 52.5% in 2003.
- The percentage of individuals in Missouri with an income between \$15,000 and \$25,000 a year who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 43.3% in 2002 to 57.2% in 2003.
- The percentage of individuals in Missouri with an income between \$25,000 and \$35,000 a year who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 42.4% in 2002 to 47.3% in 2003.
- The percentage of individuals in Missouri with an income between \$35,000 and \$50,000 a year who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby decreased from 51.7% in 2002 to 50.9% in 2003.
- The percentage of individuals in Missouri with an income of \$50,000 or more a year who believed a pregnant woman with HIV can get treatment that will reduce the chances of passing the virus to the baby increased from 53.6% in 2002 to 56.4% in 2003.

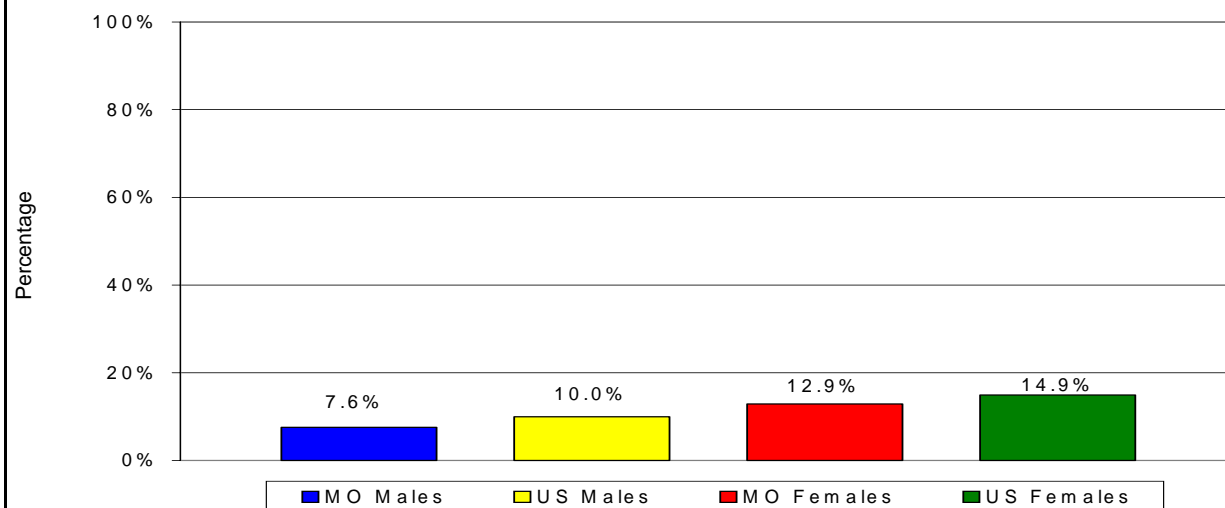
Question 8. In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (*This question is designed as a measure of activities among health professionals to educate the general population about this issue.*)

Figure 8.1. Percentage of individuals who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use, Missouri and US, 2003



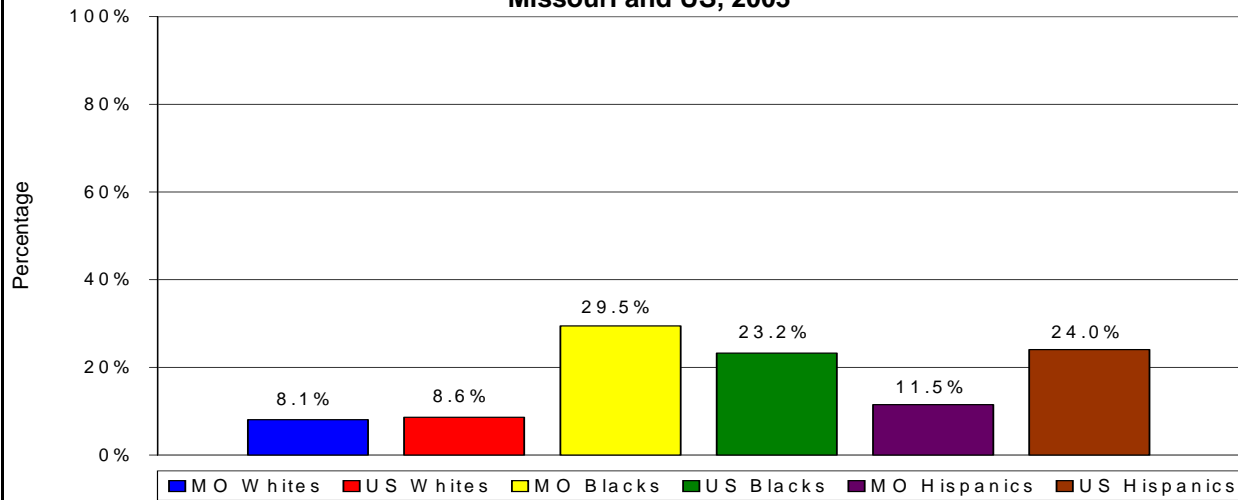
- The percentage of Missouri individuals who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 11% in 2002 to 10.3% in 2003.

Figure 8.2. Percentage of individuals who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use, by sex, Missouri and US, 2003



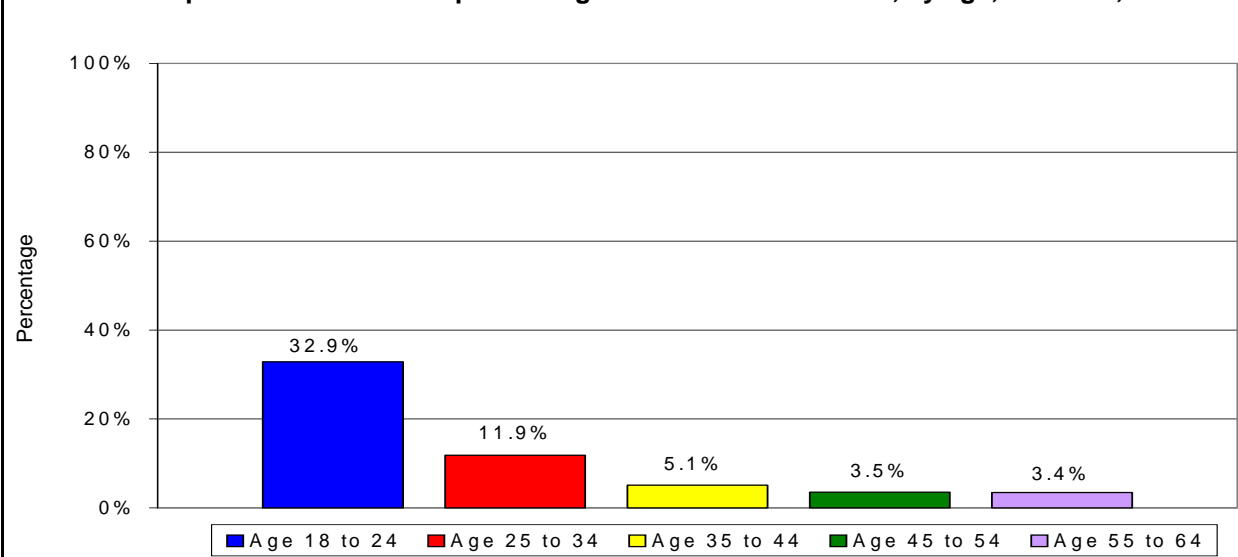
- The percentage of Missouri males who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 8.7% in 2002 to 7.6% in 2003.
- The percentage of Missouri females who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 13.2% in 2002 to 12.9% in 2003.

Figure 8.3. Percentage of individuals who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use, by race/ethnicity, Missouri and US, 2003



- The percentage of Whites in Missouri who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use increased from 8% in 2002 to 8.1% in 2003.
- The percentage of Blacks in Missouri who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 36% in 2002 to 29.5% in 2003.
- The percentage of Hispanics in Missouri who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 20.4% in 2002 to 11.5% in 2003.

Figure 8.4. Percentage of individuals who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use, by age, Missouri, 2003



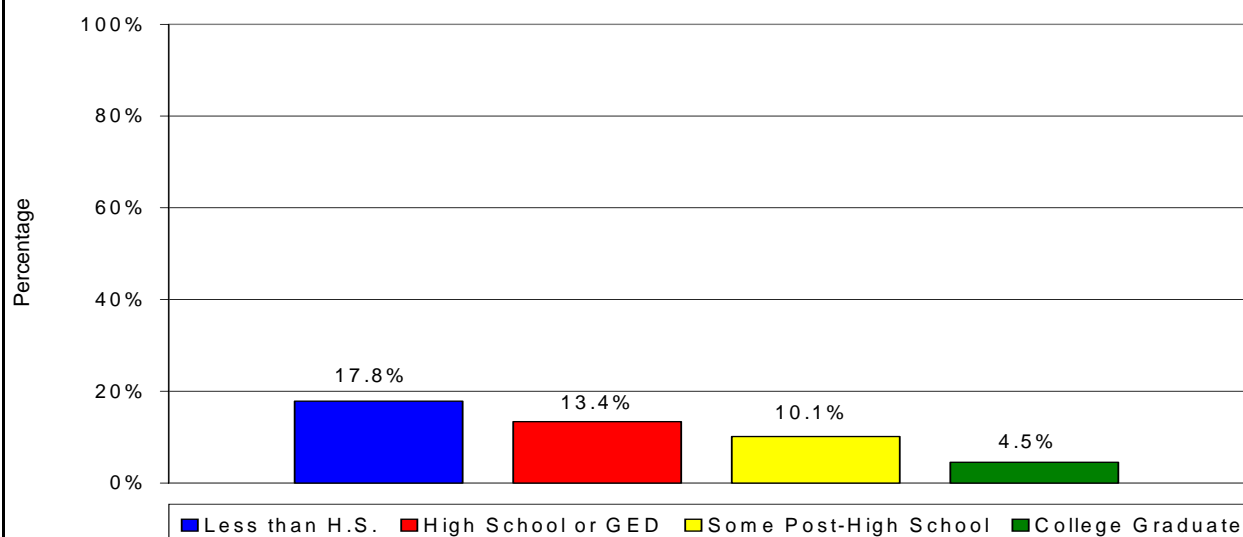
- The percentage of Missouri residents 18 to 24 years old who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 38.1% in 2002 to 32.9% in 2003

Missouri Behavioral Risk Factor Surveillance System, 2003

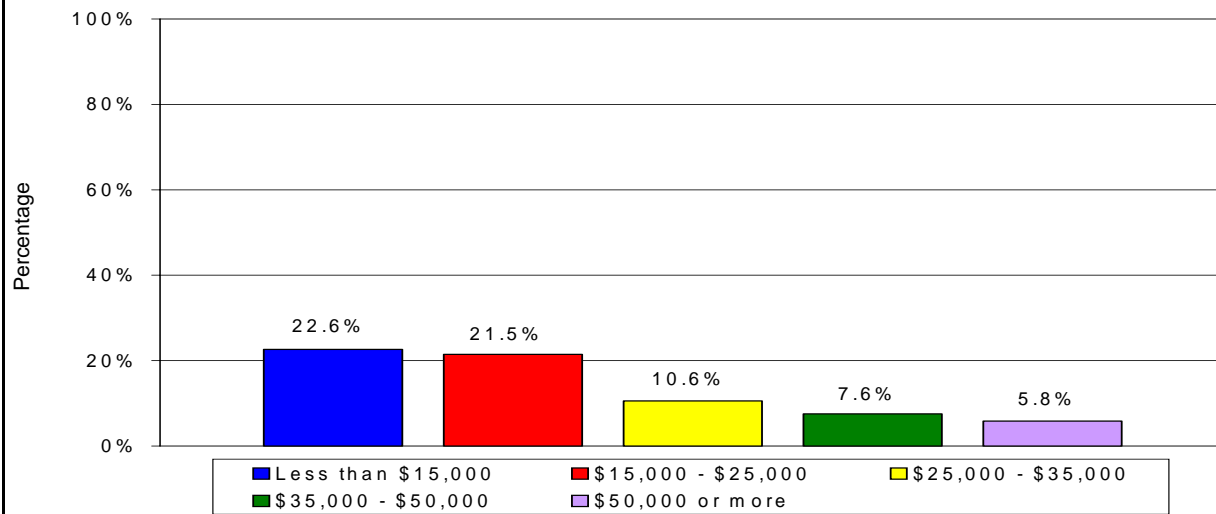
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- The percentage of Missouri residents 25 to 34 years old who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 12.7% in 2002 to 11.9% in 2003.
- The percentage of Missouri residents 35 to 44 years old who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 5.8% in 2002 to 5.1% in 2003.
- The percentage of Missouri residents 45 to 54 years old who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use increased from 2.6% in 2002 to 3.5% in 2003.
- The percentage of Missouri residents 55 to 64 years old who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use increased from 1.8% in 2002 to 3.4% in 2003.

Figure 8.5. Percentage of individuals who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use, by education level, Missouri, 2003



- The percentage of individuals in Missouri with less than a high school education who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 20.8% in 2002 to 17.8% in 2003.
- The percentage of individuals in Missouri with a high school diploma or GED who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use increased from 10.9% in 2002 to 13.4% in 2003.
- The percentage of individuals in Missouri with some post-high school education who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 12.8% in 2002 to 10.1% in 2003.
- The percentage of individuals in Missouri with a college degree who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 5.9% in 2002 to 4.5% in 2003.

Figure 8.6. Percentage of individuals who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use, by income level, Missouri, 2003

- The percentage of individuals in Missouri with an income less than \$15,000 a year who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use increased from 22.4% in 2002 to 22.6% in 2003.
- The percentage of individuals in Missouri with an income between \$15,000 and \$25,000 a year who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use increased from 17.8% in 2002 to 21.5% in 2003.
- The percentage of individuals in Missouri with an income between \$25,000 and \$35,000 a year who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 12.1% in 2002 to 10.6% in 2003.
- The percentage of individuals in Missouri with an income between \$35,000 and \$50,000 a year who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 8% in 2002 to 7.6% in 2003.
- The percentage of individuals in Missouri with an income of \$50,000 or more a year who stated that in the past 12 months a health professional had spoken to them about preventing STDs with condom use decreased from 7% in 2002 to 5.8% in 2003.

**Missouri Youth Risk Behavior Surveillance System (YRBSS):
Results From HIV/AIDS Risk-Related Questions—2003¹**

¹ Centers for Disease Control and Prevention (CDC). *Youth Risk Behavioral Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003. Source: <http://apps.nccd.cdc.gov/yrbss/>. Accessed February 2005.

Introduction

YRBSS is administered by the Missouri Department of Elementary and Secondary Education to monitor specific behaviors among high school students that contribute to the leading causes of morbidity and mortality. The survey is administered in the spring of odd-numbered years. In 2003, 1,551 Missouri students in 24 statewide public high schools participated in the survey. The weighted demographic characteristics of the sample were 49.1% female, 80.9% White, 15.7% Black, 0.8% Hispanic, and 2.5% other. The school response rate was 80 percent, and the student response rate was 84 percent. Survey administration procedures assured the privacy and confidentiality of all participating students. Student participation was voluntary, and local parental permission procedures were followed. The students who participated in the survey constituted a valid sample of high school-age youth. The results may be used to make inferences about the health-risk behaviors of all Missouri public high school students.

Strengths of the Youth Risk Behavior Survey

Objectivity and reliability: Behaviors are the sole focus of the YRBSS because of the direct relationship between behaviors and health outcomes. The strength of this relationship holds regardless of age, geographical location, income, education level, sex, race/ethnicity, family characteristics, religion, attitudes, knowledge, skills, social competence, self-esteem, or other determinants.

Comparability to external populations: Nationally representative YRBSS data and data from 45 states and territories and 16 of the largest school districts, rather than data from an unrepresentative convenience sample, are available as points of comparison to data collected by state education agencies (see website below) .

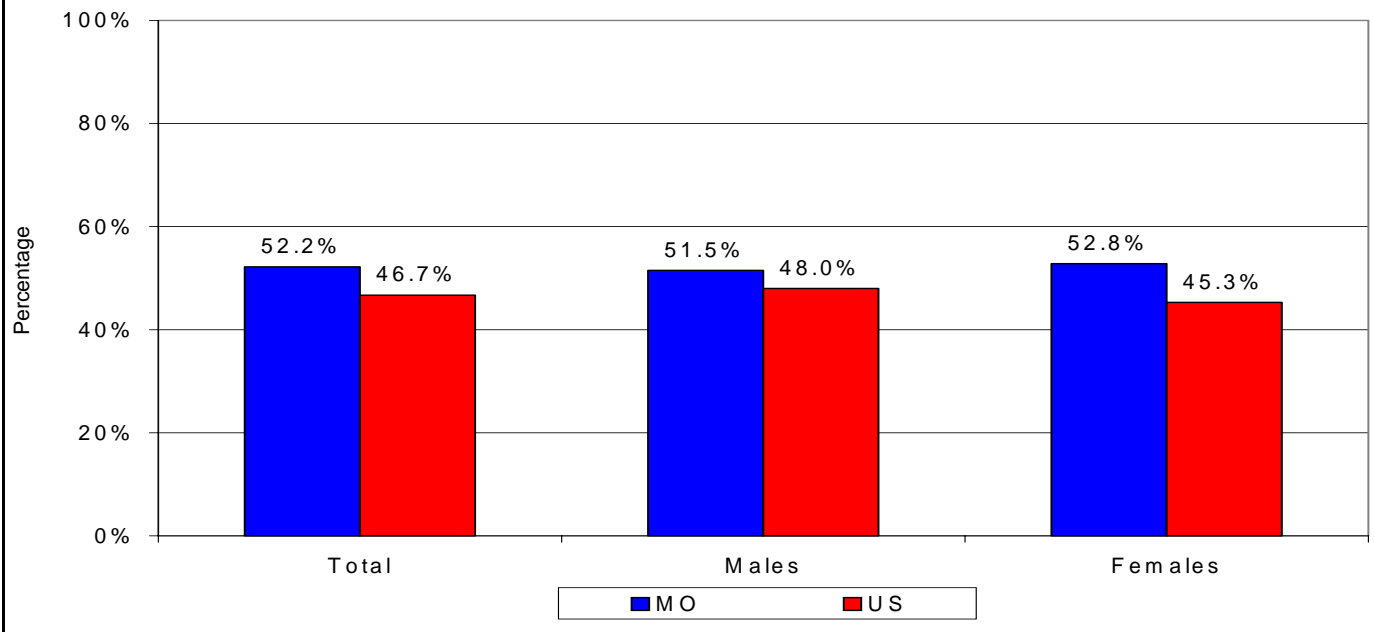
Generalizable to state populations: The YRBSS is a scientifically validated survey in which randomly selected ninth through twelfth grade students from randomly selected high schools participate. When sufficient responses are obtained, as they have been in Missouri since 1995, results may be generalized to the entire state population of public school students in grades 9 - 12.

Comparability over time: Since the YRBSS is a continual and stable national public health monitoring system, it produces credible data that can be used to assess trends in priority health risk behavior over time.

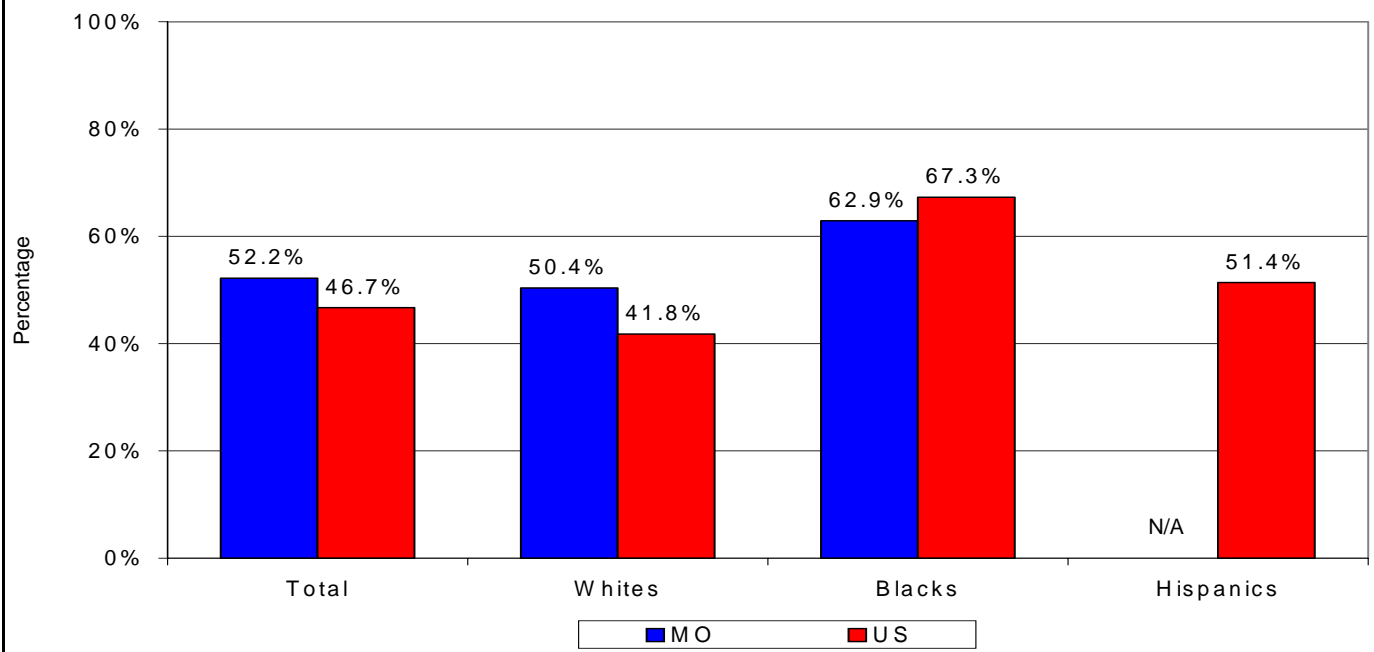
Efficiency: The use of a sample rather than a census of schools and students reduces the burden placed on states, districts, schools, parents, and students. Furthermore, the YRBSS can easily be administered in one class period.

Guidelines for Interpretation

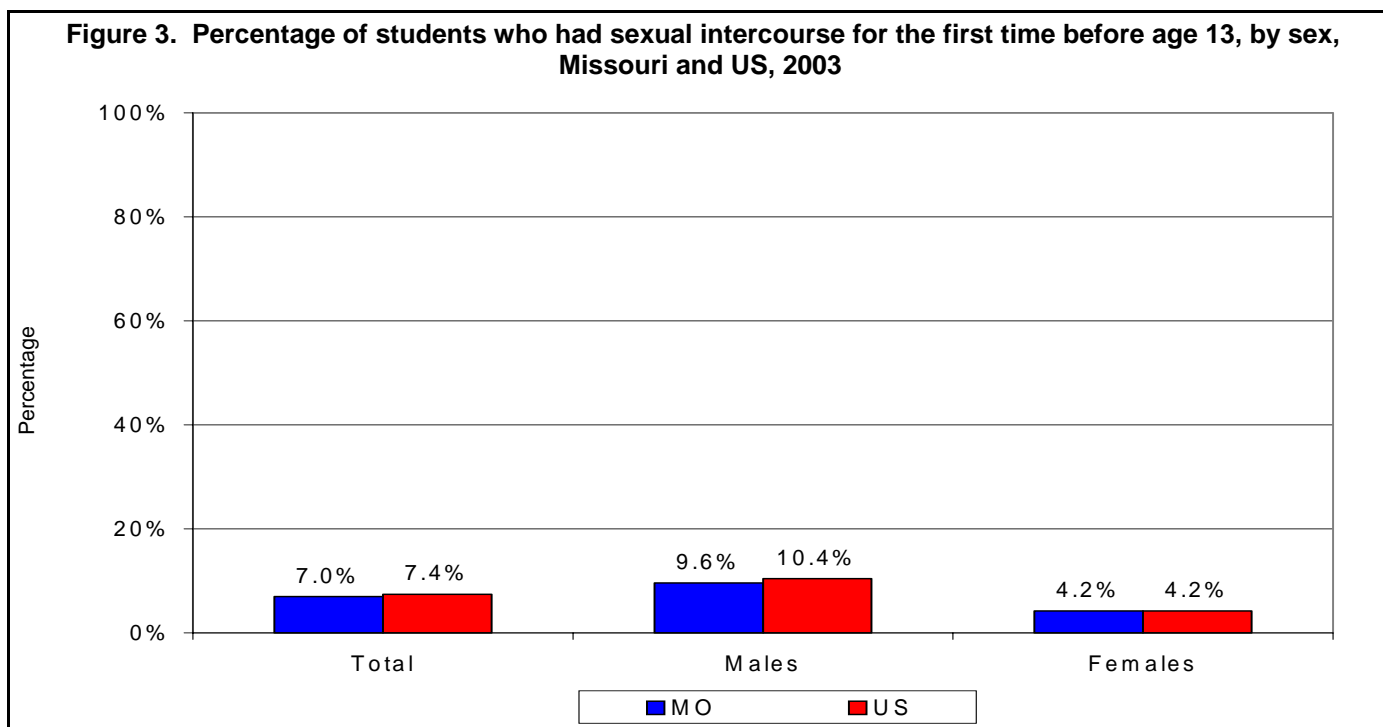
The following graphs represent the results of survey questions of interest to HIV/AIDS prevention planning groups. The bullet points below each graph contain information regarding the statistical significance of the data presented. The Centers for Disease Control and Prevention calculated confidence intervals for the results of all the questions for each state, and performed t-tests and calculated p-values to compare results between state and national data for some of the questions. Because t-tests and p-values are a more robust measure of statistical significance than the comparison of confidence intervals, they have been used when discussing comparisons between state and national data. Otherwise, 95% confidence intervals were used for comparison purposes. If the 95% confidence intervals for the responses of two different sub-groups overlap, the difference in the mean response percentage is not considered significant. If 95% confidence intervals between sub-groups do not overlap, the difference is considered significant. The method for determining statistical significance is noted with each bullet point. The Glossary of Terms section of the *Profiles* contains information about calculation and use of confidence intervals and p-values. "N/A" in a chart indicates that there were less than 100 respondents for the subgroup. In Missouri, there were less than 100 Hispanic respondents for all HIV/AIDS related questions. Also, there were less than 100 Black respondents for two of the HIV/AIDS related questions (see figures 10 and 12). Further information and documentation for the YRBSS and the data presented here can be found at <http://apps.nccd.cdc.gov/yrbss/>, in "Youth Risk Behavior Surveillance—United States, 2003" *Morbidity & Mortality Weekly Report* 2004; 53 (SS-2):1–100, and/or by contacting Yelena Friedberg, Department of Health & Senior Services, Office of Surveillance, using the toll-free telephone number 866-628-9891.

Figure 1. Percentage of students who have had sexual intercourse, by sex, Missouri and US, 2003

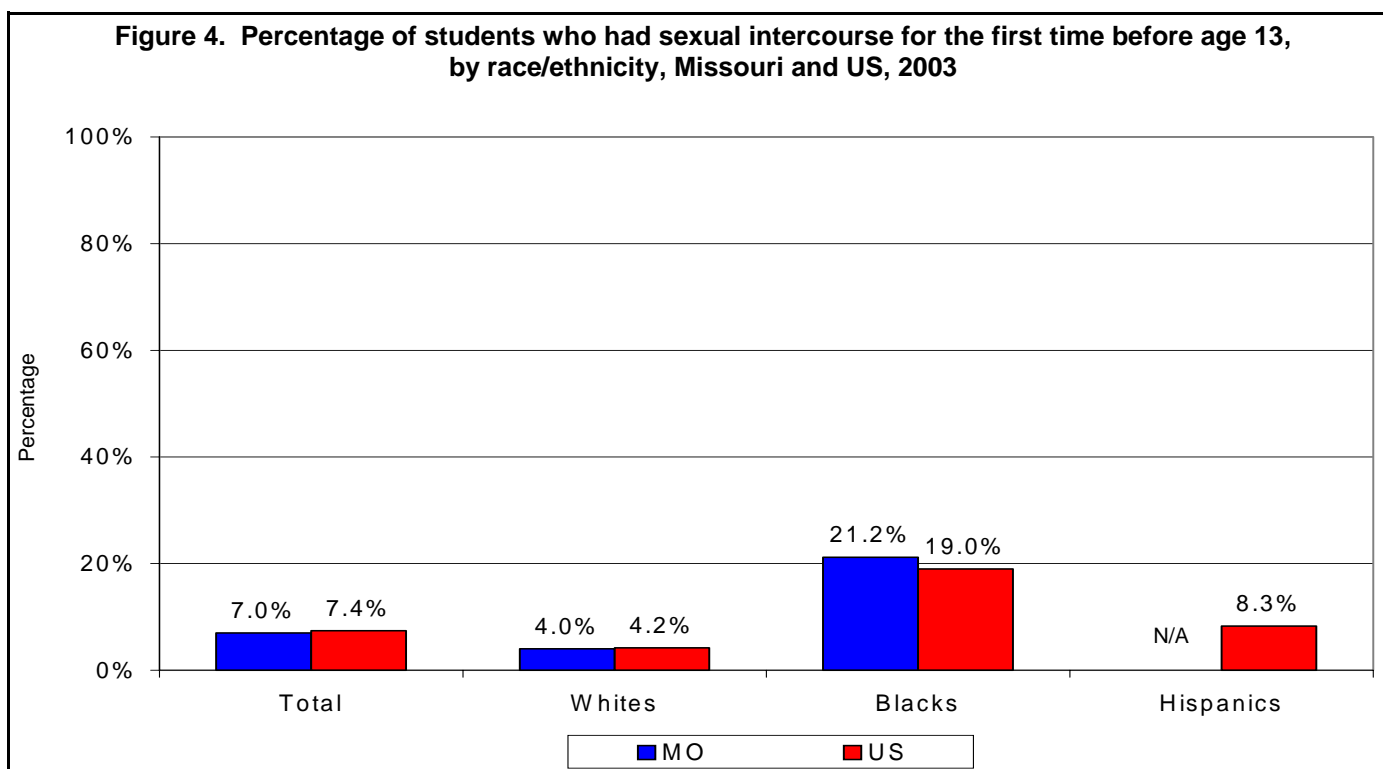
- Statistically, the percentage of all Missouri students who have had sexual intercourse at some time in their life before taking this survey is significantly higher than the overall percentage for the US ($p = 0.01$).
- There is no significant difference in the percentage of males and females in Missouri who had sexual intercourse at some time in their life before taking this survey (95% confidence intervals overlap).

Figure 2. Percentage of students who have had sexual intercourse, by race/ethnicity, Missouri and US, 2003

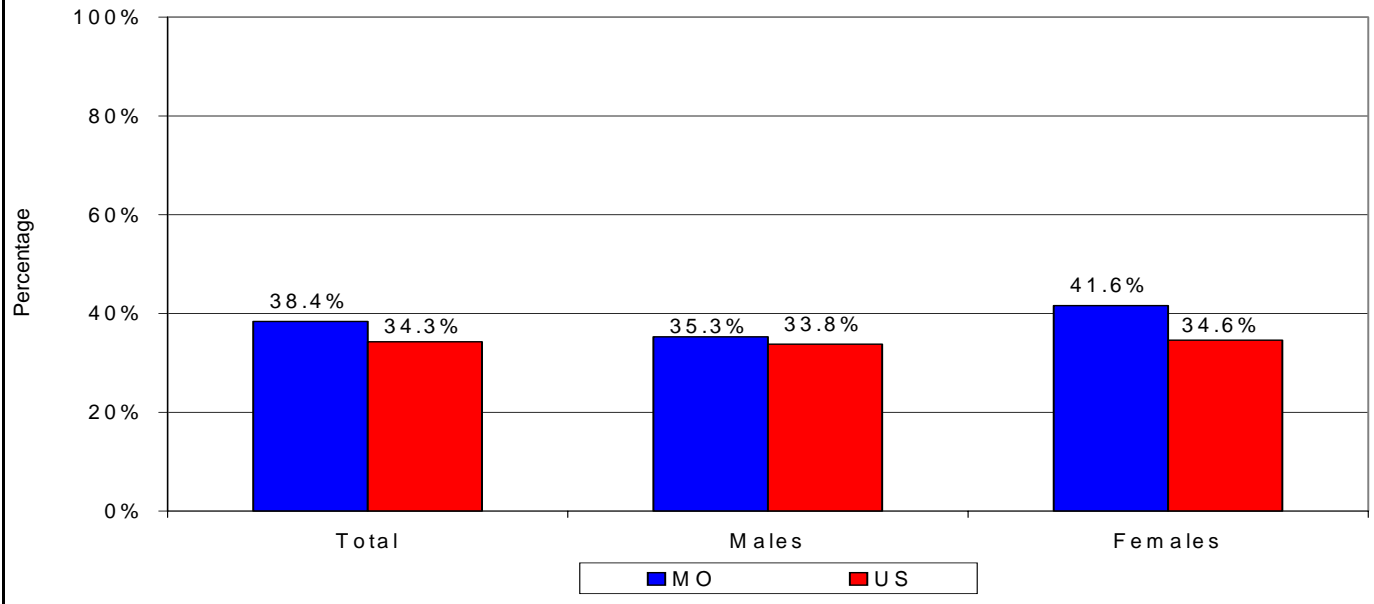
- The percentage of Black students in Missouri who had sexual intercourse at some time in their life before taking this survey is significantly higher than the percentage of total students in Missouri and the White students in Missouri who had sexual intercourse at some time in their life before taking this survey (95% confidence intervals do not overlap).



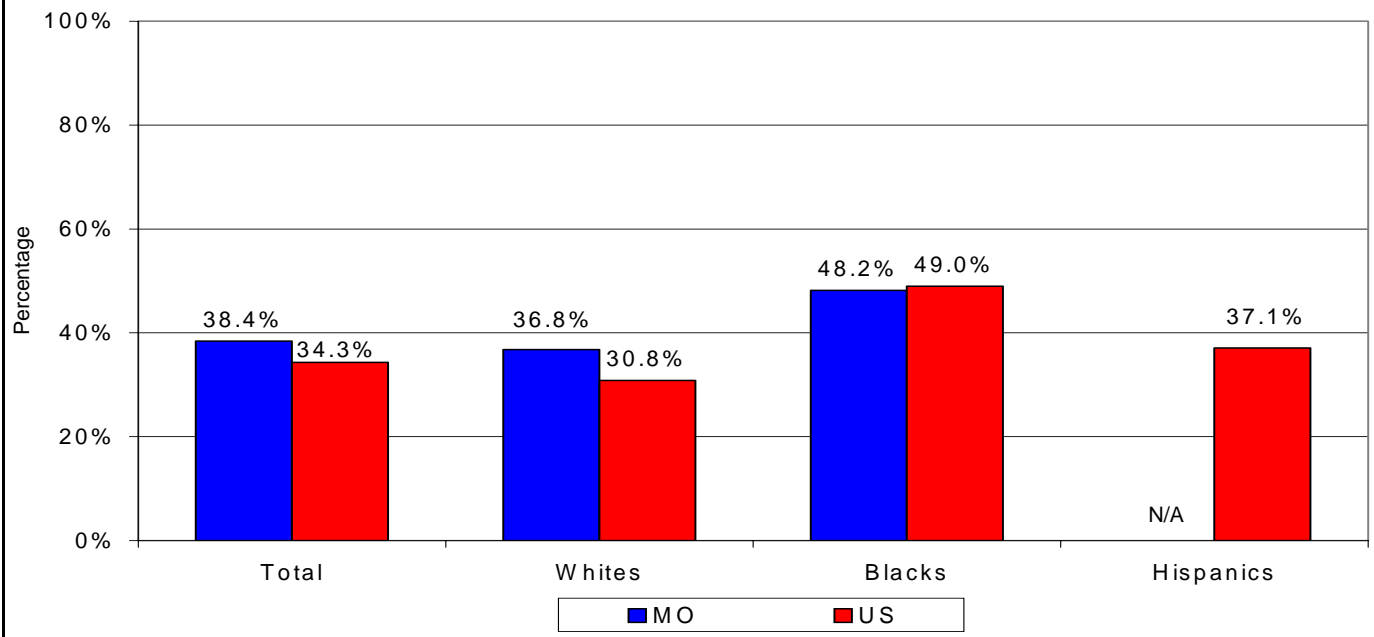
- There is no statistically significant difference between Missouri and US students who had sexual intercourse for the first time before age 13 ($p = 0.72$).
- The difference between Missouri male and female students who had sexual intercourse for the first time before age 13 is statistically significant (95% confidence intervals do not overlap).



- The percentage of Black students in Missouri who had sexual intercourse for the first time before age 13 is significantly higher than the total students and the White students who had sexual intercourse for the first time before age 13 (95% confidence intervals do not overlap).

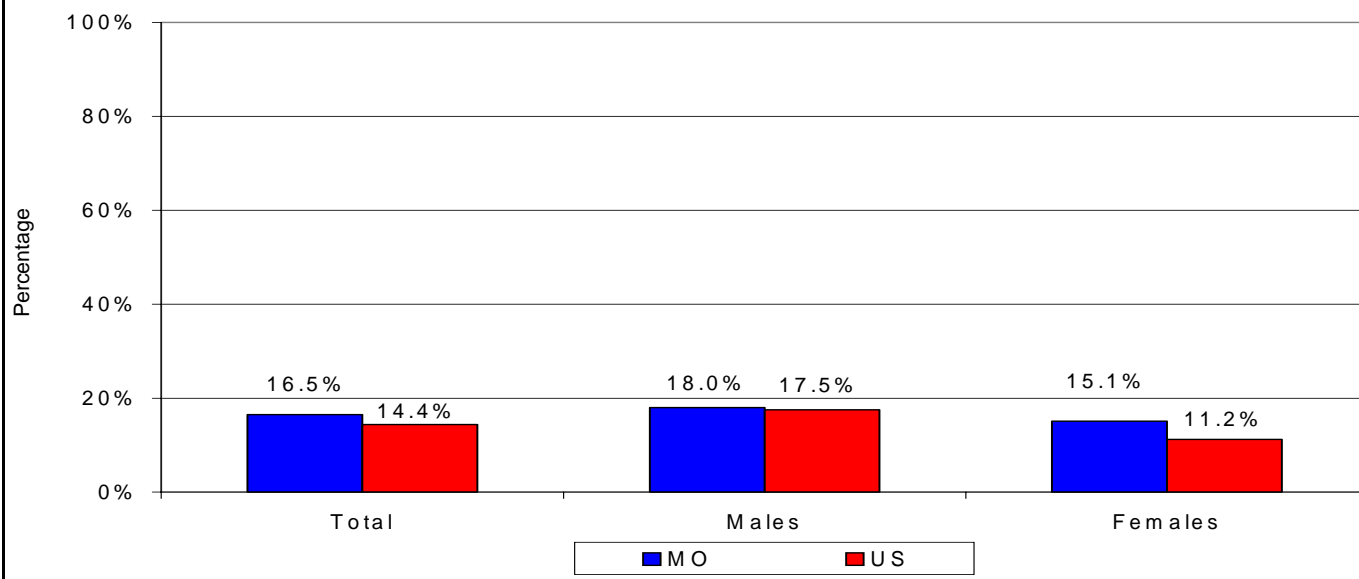
Figure 5. Percentage of students who had sexual intercourse with one or more persons during the past three months, by sex, Missouri and US, 2003

- A significantly higher percentage of all Missouri students had sexual intercourse during the three months prior to the survey than all students nationwide ($p = 0.03$).
- The percentage of female students in Missouri reporting recent sexual intercourse was 6.3 percentage points higher than males, but the difference between the two groups is not statistically significant (95% confidence intervals overlap).

Figure 6. Percentage of students who had sexual intercourse with one or more persons during the past three months, by race/ethnicity, Missouri and US, 2003

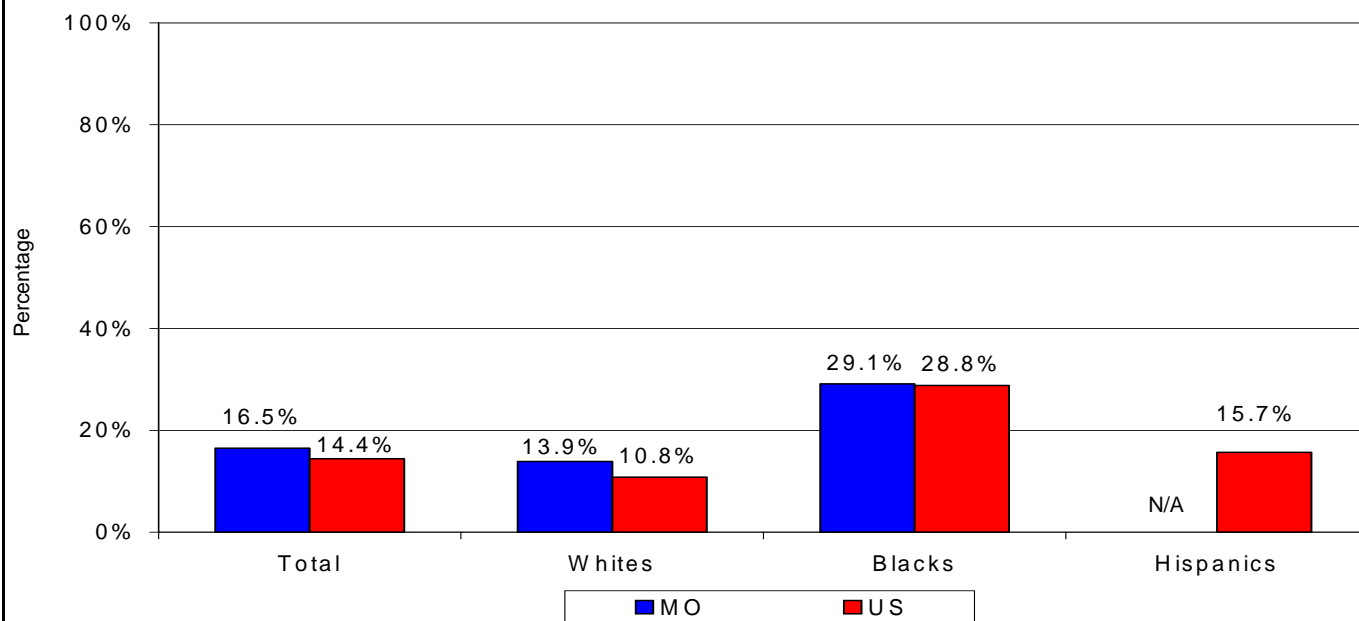
- The percentage of Missouri Blacks who had sexual intercourse with one or more persons during the past three months is 11.4 percentage points higher than the percentage of Missouri Whites who had sexual intercourse with one or more persons during the past three months, and yet this is not a statistically significant difference (95% confidence intervals overlap).

Figure 7. Percentage of students who had sexual intercourse with four or more persons during their life, by sex, Missouri and US, 2003



- There is no significant difference between Missouri high school students and students nationwide for the percentage of students who report having sexual intercourse with four or more persons during their life ($p = 0.12$).
- Nationally, the difference between male and female students who report having sexual intercourse with four or more persons during their life is statistically significant (95% confidence intervals do not overlap), but it is not statistically significant between males and females in Missouri (95% confidence intervals overlap).

Figure 8. Percentage of students who had sexual intercourse with four or more persons during their life, by race/ethnicity, Missouri and US, 2003

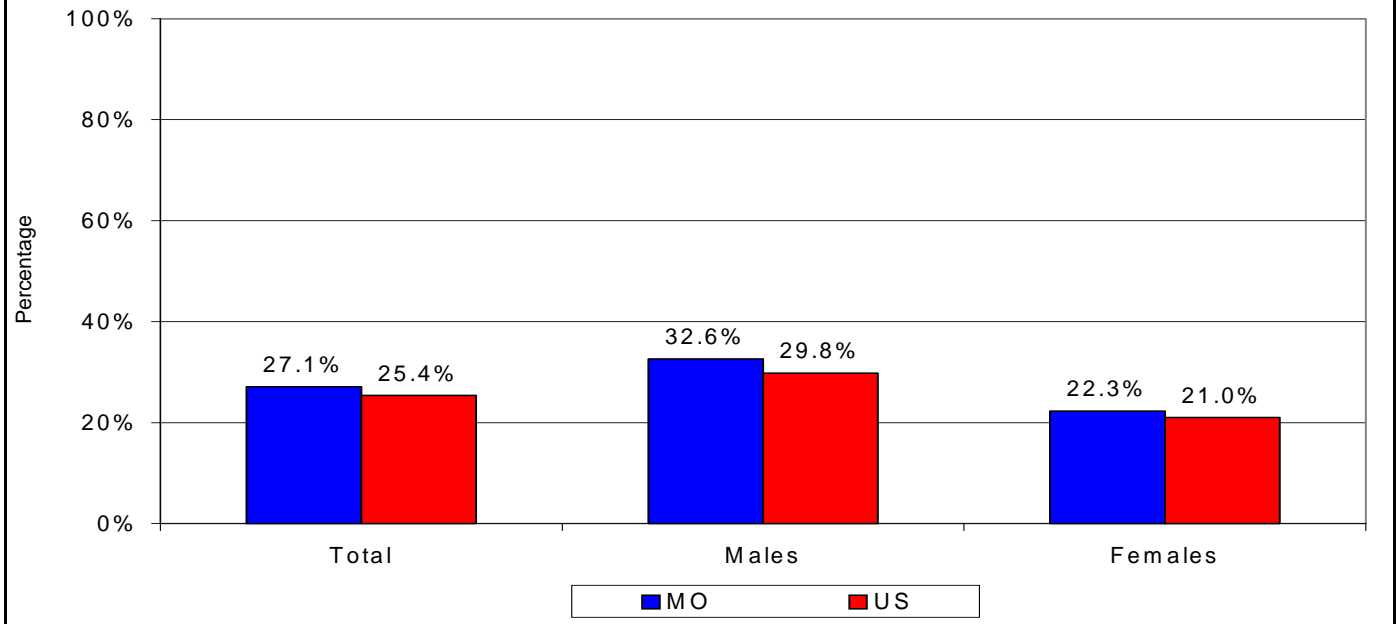


- The percentage of Black students in Missouri who had sexual intercourse with four or more persons during their life is significantly higher than the percentage of Missouri White students and Missouri students as a whole (95% confidence intervals do not overlap).

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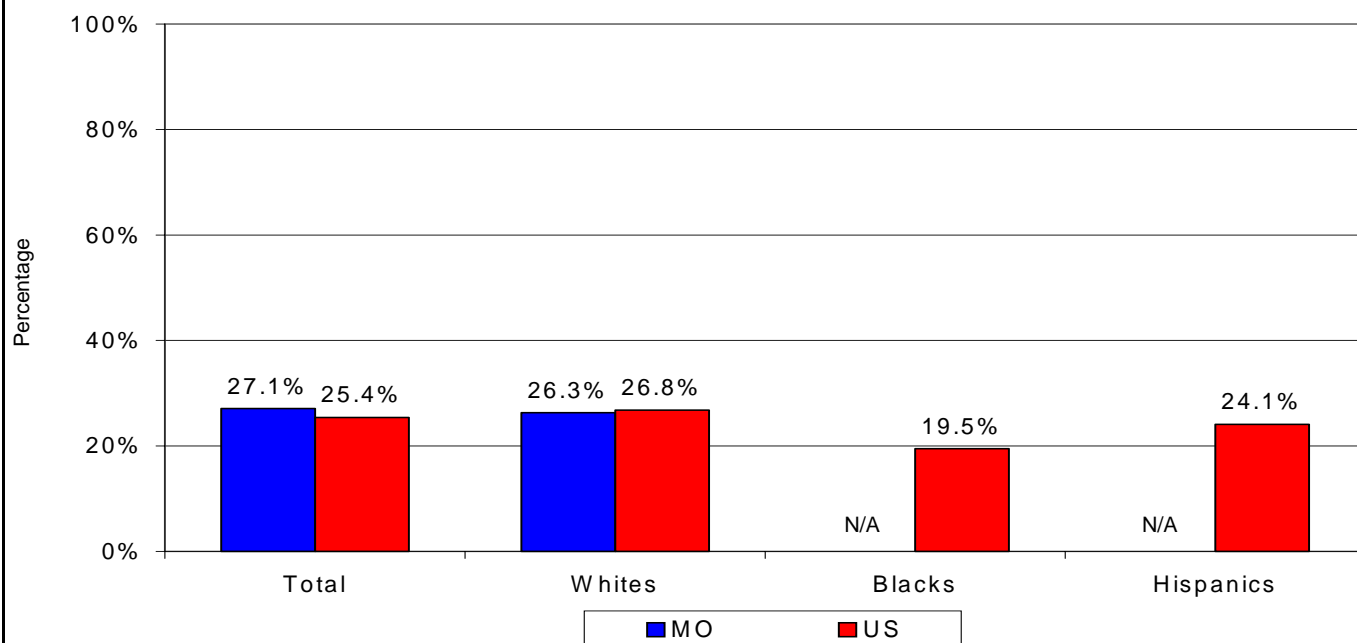
- National averages for Black students who had sexual intercourse with four or more persons during their life are higher than for Whites and Hispanics.

Figure 9. Of students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before last sexual intercourse, by sex, Missouri and US, 2003



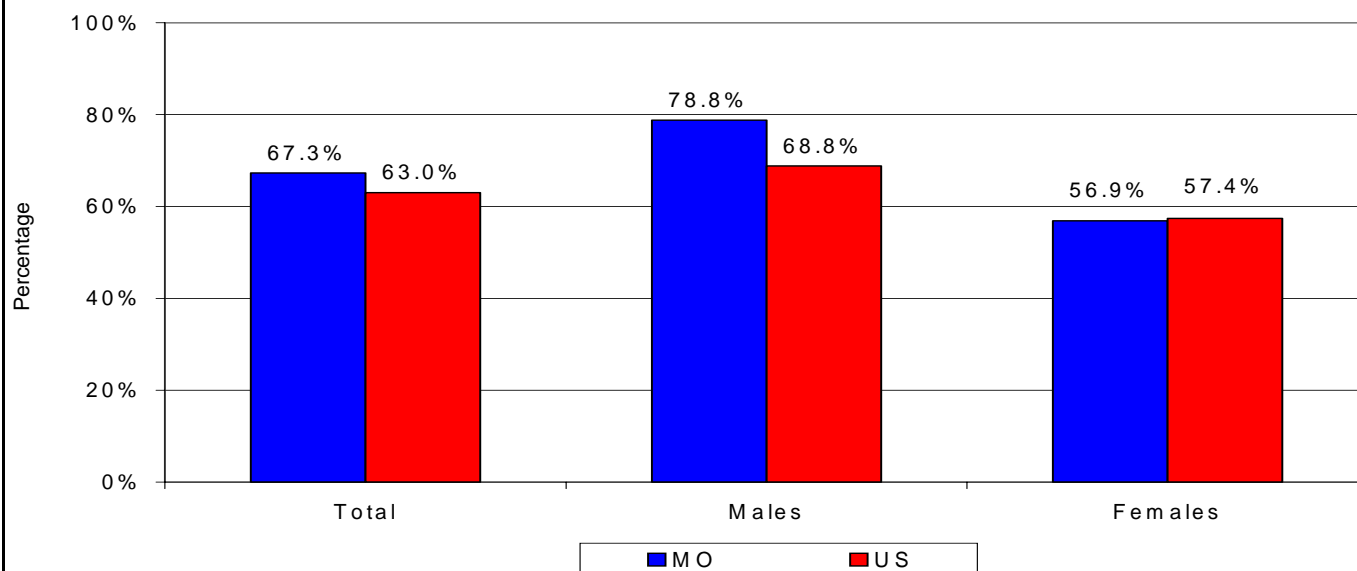
- There is no statistically significant difference between Missouri students and US students who reported they drank alcohol or used drugs before their last sexual intercourse ($p = 0.47$).
- A higher percentage of Missouri males than females reported they drank alcohol or used drugs before their last sexual intercourse, but it is not significantly higher (95% confidence intervals overlap).

Figure 10. Of students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before last sexual intercourse, by race/ethnicity, Missouri and US, 2003



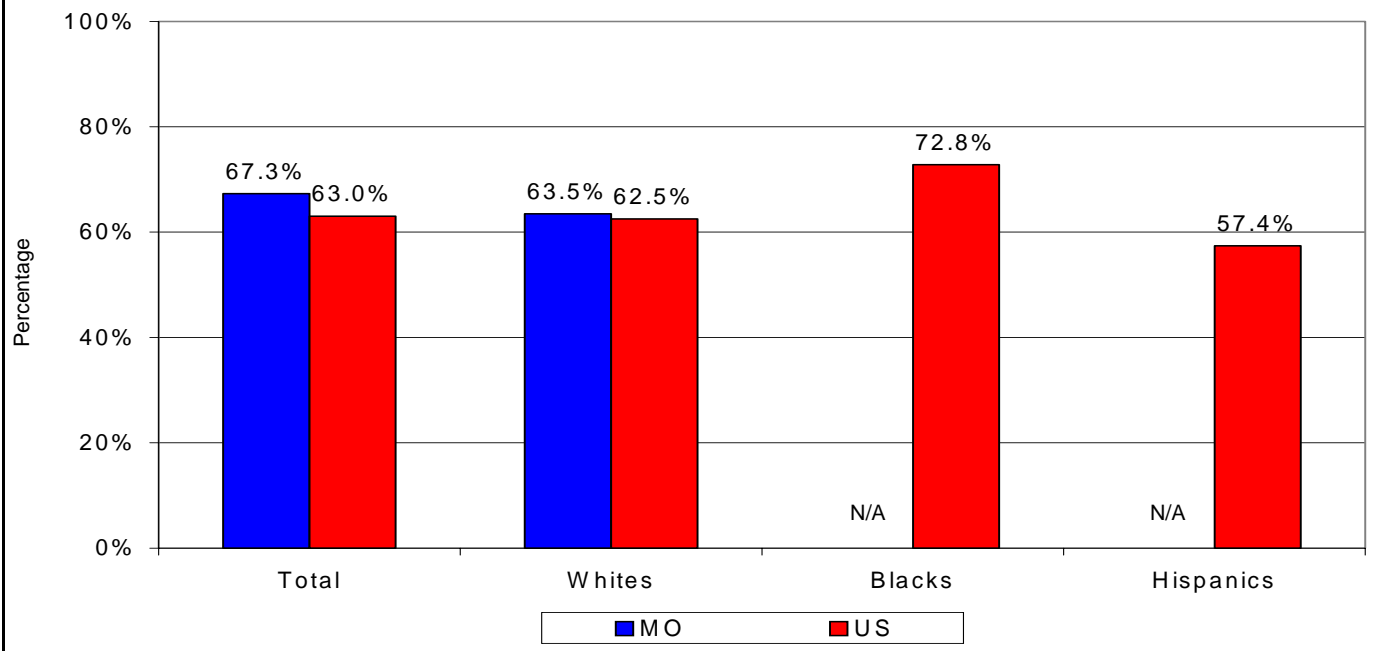
- Nationally, the percentage difference between Whites and Blacks who drank alcohol or used drugs before their last sexual encounter is statistically significant (confidence intervals do not overlap).

Figure 11. Of students who had sexual intercourse during the past three months, the percentage who report they or their partner used a condom during last sexual intercourse, by sex, Missouri and US, 2003



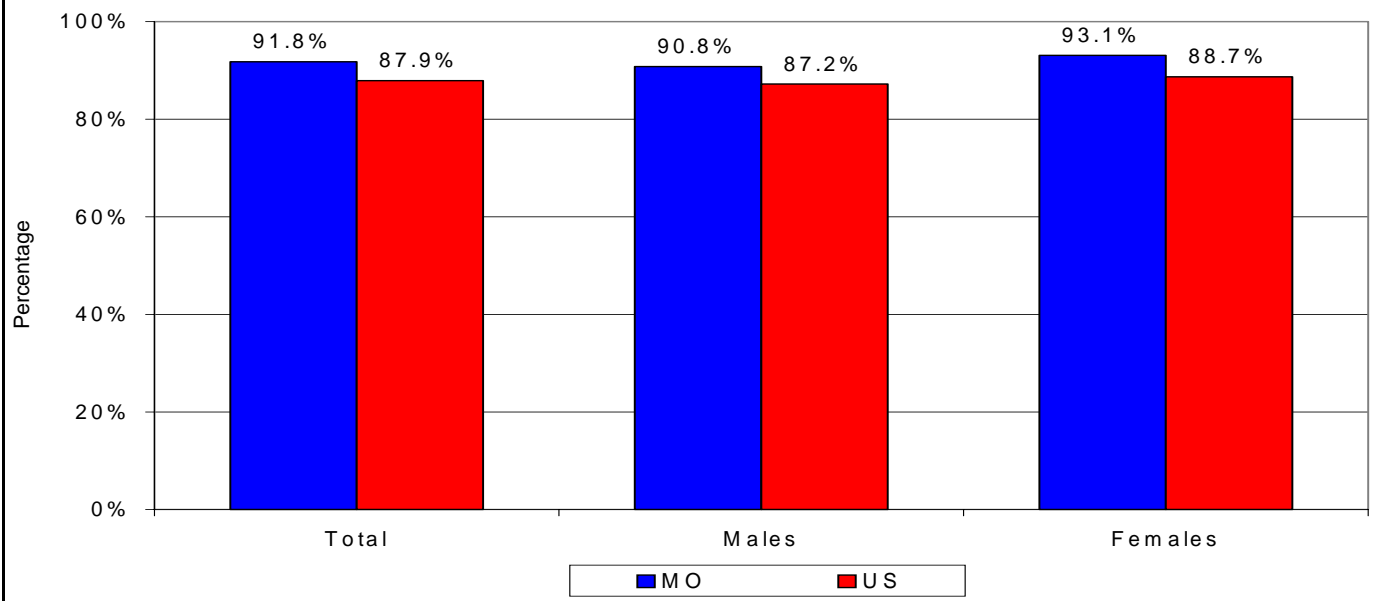
- There is no statistically significant difference between total Missouri and US students who had sexual intercourse in the past three months and report that they or their partner used a condom ($p = 0.18$).
- The percentage of Missouri males who had sexual intercourse in the past three months and report that they or their partner used a condom is significantly higher than the percentage of Missouri females who had sexual intercourse in the past three months and report that they or their partner used a condom (95% confidence intervals do not overlap).

Figure 12. Of students who had sexual intercourse during the past three months, the percentage who reported they or their partner used a condom during last sexual intercourse, by race/ethnicity, Missouri and US, 2003



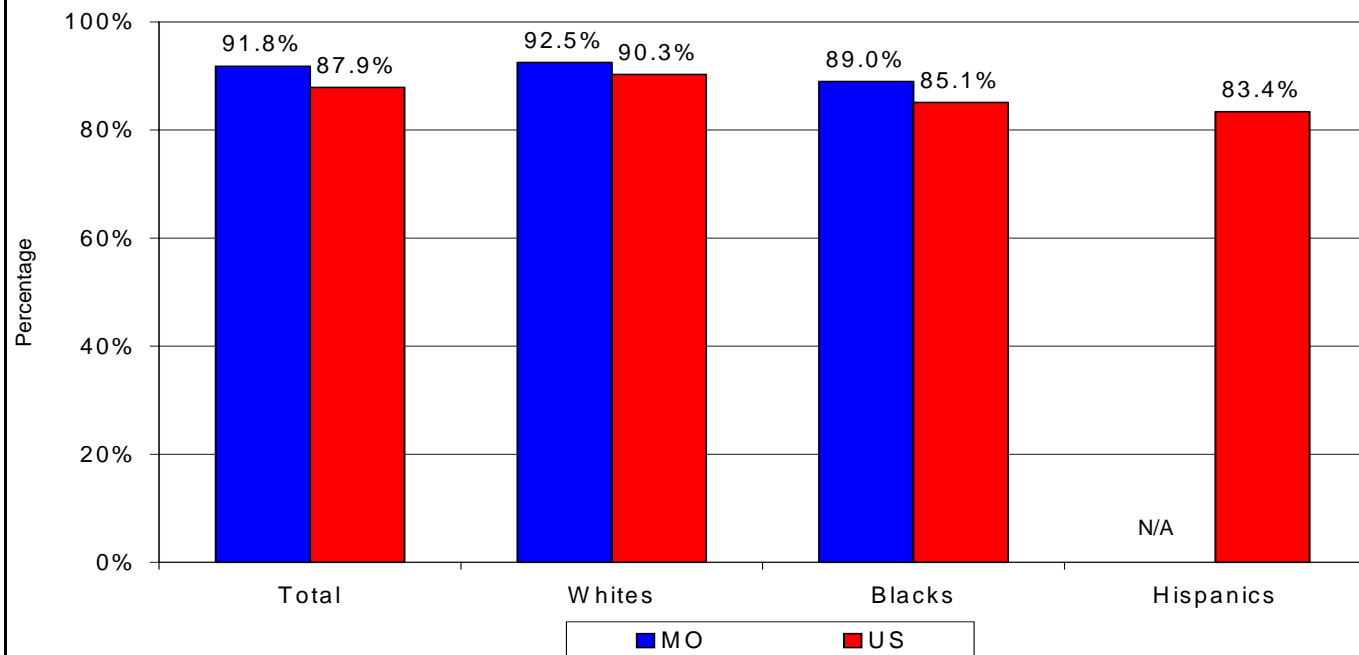
- The difference between the percentage of all students and the percentage of White students in Missouri who answered yes to this question is not statistically significant (95% confidence intervals overlap.)

Figure 13. Percentage of students who had ever been taught about HIV or AIDS infection in school, by sex, Missouri and US, 2003



- The percentage of Missouri students who report being taught about HIV or AIDS in school is significantly higher than US students who report being taught about HIV or AIDS in school ($p = 0.01$).
- There is no statistically significant difference between Missouri males and females who report being taught about HIV or AIDS in school (95% confidence intervals overlap).

Figure 14. Percentage of students who had ever been taught about HIV or AIDS infection in school, by race/ethnicity, Missouri and US, 2003



- There is no statistically significant difference between Missouri Whites and Blacks who reported being taught about HIV or AIDS in school (95% confidence intervals overlap).

Introduction

HIV infection often leads to poverty due to costly health care or an inability to work that is often accompanied by a loss of employer-related health insurance. State and federal health insurance entitlement programs [Medicaid, Medicare, and Veterans' Administration (VA)] provide the majority of funding for HIV care and treatment; however, the Ryan White (RW) Comprehensive AIDS Resources Emergency (CARE) Act does assist in meeting the needs of a substantial number of persons living with HIV disease. RW CARE Act-funded programs fill gaps in care and are the "payer of last resort" for services not covered by other resources.

The CARE Act provides funding throughout Missouri for case management, health care, and support services. In Missouri, there are twelve distinct entities directly receiving RW CARE Act funds: the two Title I cities of St. Louis and Kansas City; the single Title II recipient, which is the Missouri Department of Health and Senior Services (DHSS); five community-based organizations that receive Title III funds for primary medical care and early intervention services; two Title IV funded agencies to provide services targeted to women, children, and families; the University of Missouri-Kansas City, School of Nursing which serves as the AIDS education and training center; and the University of Missouri-Kansas City, School of Dentistry receives funding under Part F.

This section attempts to shed light on two fundamental questions regarding access to care.

1. What are the patterns of service utilization of HIV-infected persons in Missouri?
2. What are the number and characteristics of the individuals who know they are HIV positive but not in care?

Several data sources have been used to attempt to answer these questions. They include:

- HIV AIDS Reporting System (HARS)
 - Reported HIV disease
 - Reported CD4 values
 - Reported Viral Load (VL)
- Statewide HIV Case Management Database (FACTORS)
- CARE Act Data Report System (CADR) 2004 data
- AIDS Drug Assistance Program (ADAP) 2004 database
- Title I and II Women, Infant, Children, and Youth (WICY) Program Year 2004
- Veterans Administration Data

Question 1: What are the patterns of service utilization of HIV-infected persons in Missouri?

Answering this question can be problematic as there is no single entity in Missouri which has developed and implemented a statewide system to collect, report, and disseminate information regarding service utilization patterns for all reported persons living with HIV disease (PLWH) from all payer sources including RW CARE Act and others. However, several data systems (case management enrollment, CADR, ADAP, and WICY data) can provide insights into service utilization patterns. What is lacking is the service utilization from Medicaid, Medicare, and private insurance.

Table 1, compiled from HARS, provides the number of persons living with HIV disease as of December 31, 2004, who were most recently known to be residing in Missouri.

The limitation of Table 1 is that this data is unable to account for migration in or out of Missouri. That is, the individual may have moved out of Missouri to another state after his/her initial, reported HIV diagnosis, but the individual is still counted in Table 1. Conversely, a person living with HIV disease that was initially diagnosed in another state and has since moved into Missouri would not be counted in Table 1. Though these migration patterns can be problematic, generally speaking, the number and characteristics of individuals moving into Missouri could possibly offset the number and characteristics of individuals moving out of Missouri. Acceptable resolution of the issue of migration in and out of the Missouri will require continued work.

Table 1. Missouri HIV disease prevalence summary, by demographic group and exposure category

	HIV Disease Prevalence: Current Year (2004)			HIV Disease Prevalence: Previous Year (2003)			HIV Disease 2004 Prevalence Projection*		
Race	Number	% of Total	Rate Per 100,000	Number	% of Total	Rate Per 100,000	Number	% of Total	Rate Per 100,000
White	5,375	54.9%	114.7	5,186	55.1%	110.7	5,367	54.7%	114.5
Black/African American	4,061	41.5%	649.1	3,902	41.4%	623.7	4,102	41.8%	655.6
Asian/Pacific Islander	35	0.4%	54.7	32	0.3%	50.0	35	0.4%	54.7
American Indian/Alaskan Native	34	0.3%	145.9	32	0.3%	137.3	33	0.3%	141.6
More Than One Race	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Not Specified	281	2.9%	143.5	263	2.8%	134.3	283	2.9%	144.5
Total	9,786	100%	174.9	9,415	100%	168.3	9,820**	100%	175.5
Ethnicity									
Hispanic	219	2.2%	184.7	215	2.3%	181.3	228	2.3%	192.3
Non-Hispanic	9,505	97.1%	176.0	9,152	97.2%	169.5	9,537	97.1%	176.6
Unknown/Unreported	62	0.6%	80.3	48	0.5%	62.2	55	0.6%	71.2
Total	9,786	100%	174.9	9,415	100%	168.3	9,820**	100%	175.5
Gender									
Male	8,226	84.1%	302.4	7,946	84.4%	292.1	8,261	84.1%	303.7
Female	1,560	15.9%	54.3	1,469	15.6%	51.1	1,558	15.9%	54.2
Transgender	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	9,786	100%	174.9	9,415	100%	168.3	9,819**	100%	175.5
Age at Diagnosis									
<2 years	50	0.5%	34.0	50	0.5%	34.0	53	0.5%	36.0
2-12 years	24	0.2%	2.8	25	0.3%	2.9	26	0.3%	3.0
13-18 years	183	1.9%	37.1	174	1.8%	35.2	185	1.9%	37.5
19-24 years	1,142	11.7%	251.8	1,069	11.4%	235.7	1,127	11.5%	248.5
25-44 years	7,067	72.2%	434.5	6,850	72.8%	421.2	7,115	72.4%	437.5
45-64 years	1,268	13.0%	101.4	1,199	12.7%	95.9	1,265	12.9%	101.2
65+ years	52	0.5%	6.9	48	0.5%	6.4	50	0.5%	6.6
Total	9,786	100%	174.9	9,415	100%	168.3	9,821**	100%	175.5
Exposure Category									
Men who have sex with men (MSM)	5,743	58.7%	N/A	5,603	59.5%	N/A	5,782	58.9%	N/A
Injection drug users (IDU)	782	8.0%	N/A	766	8.1%	N/A	781	8.0%	N/A
MSM/IDU	647	6.6%	N/A	648	6.9%	N/A	649	6.6%	N/A
Hemophilia/coagulation disorder	75	0.8%	N/A	76	0.8%	N/A	75	0.8%	N/A
Heterosexual contact	1,487	15.2%	N/A	1,441	15.3%	N/A	1,541	15.7%	N/A
Blood transfusion, blood components, or tissue recipient	35	0.4%	N/A	34	0.4%	N/A	36	0.4%	N/A
Perinatal Transmission	67	0.7%	N/A	67	0.7%	N/A	71	0.7%	N/A
Unknown/Unreported	950	9.7%	N/A	780	8.3%	N/A	886	9.0%	N/A
Total	9,786	100%	174.9	9,415	100%	168.3	9,821**	100%	175.5

*Prevalence projection— Based on a six-year linear regression analysis of historical data, the projected prevalence is the number of persons one can expect to be living with HIV in the given category of analysis.

**Totals may not be equal between categories of analysis due to rounding during projection calculations.

HIV Case Management Service Utilization Data

HIV case management enrollment can be used as an indicator of service utilization. In Missouri, the provision of RW CARE Act-funded case management services is available on a voluntary basis to any HIV positive Missourian statewide who has the need to access health care, treatments, and supportive services. To be eligible for RW CARE Act funded services, a person is required to be enrolled in HIV case management. Table 2 compares the number of persons living with HIV disease to those enrolled in case management services.

Table 2. Missourians living with HIV disease, by case management enrollment status, by HIV region, 2004

Region	Number Total Living	Number Enrolled*	% Enrolled	Number Not Enrolled	% Not Enrolled
St. Louis HIV Region	4,528	1,585	35.0%	2,943	65.0%
Kansas City HIV Region	2,901	1,030	35.5%	1,871	64.5%
Northwest HIV Region	151	54	35.8%	97	64.2%
North Central HIV Region	527	207	39.3%	320	60.7%
Southeast HIV Region	315	128	40.6%	187	59.4%
Southwest HIV Region	809	364	45.0%	445	55.0%
Missouri Correctional Facilities	555	156	28.1%	399	71.9%
Totals	9,786	3,524	36.0%	6,262	64.0%

*Persons enrolled in case management who have a case report collected in HARS.

There are some limitations in the data. The number of HIV infected persons living in Missouri correctional facilities is based on residency at the time of diagnosis. Based on verbal communication with the Missouri Department of Corrections, approximately 50% of these individuals have been released and are not currently residing in state correctional facilities. Some of these individuals may be in case management services in a region, but not included in the number living in that region.

Missouri Statewide AIDS Drug Assistance Program Service Utilization Data

The Missouri Statewide AIDS Drug Assistance Program (ADAP) uses discretionary federal and state funding to provide life-sustaining medications to low income Missourians living with HIV disease who do not have access to medications through private insurance, Medicaid, or other sources. The following table represents the number of clients who utilized ADAP services in 2004.

Table 3. Number of clients who utilized ADAP services, by gender, by age group, by race, by ethnicity, 2004		
Race	Number	%
White	1,147	58%
Black	805	40%
Asian	7	0%
Native Hawaiian or Other Pacific Islander	1	0%
American Indian or Alaskan Native	4	0%
More than one race	3	0%
Unknown/Unreported	23	1%
Total	1,990	100%
Ethnicity	Number	%
Hispanic or Latino/a	30	2%
Non-Hispanic or non-Latino/a	1,960	98%
Unknown/Unreported	0	0%
Total	1,990	100%
Gender	Number	%
Male	1,666	84%
Female	323	16%
Transgender	1	0%
Unknown/Unreported	0	0%
Total	1,990	100%
Age	Number	%
<2	0	0%
2-12	3	0%
13-24	79	4%
25-44	1,355	68%
45-64	535	27%
65+	18	1%
Unknown/Unreported	0	0%
Total	1,990	100%

Veterans Administration Service Utilization Data

The following information is provided by the Veterans' Administration upon request of the U.S. Department of Health and Human Services, Health Resources and Service Administration (HRSA).

Demographic data including sex, decade of age (calculated at the beginning of the target year), race/ethnicity, and HIV risk factor are presented using data from each facility. Please note that risk factor information has not been collected on new patients since mid-2000.

The five categories used as indicators of care are defined as follows:

- In Group - These are patients who had at least one "encounter" at a specific VA facility in the target fiscal year. This includes utilization of outpatient pharmacy, laboratory service, outpatient clinics, admissions, and radiology.
- On ART - These are patients who received at least one prescription for an FDA-approved antiretroviral therapy (ART) in the target period. Patients who received ART from one, but not all, VA facilities they visited were classified as "needs met" at all facilities. This logic is consistent with the patient-centric model of care under the scope of a national electronic medical record.
- Received CD4 (or Viral Load) test - These are patients who received at least one of these tests in the target fiscal year. "Received" indicates that the test was ordered and acted upon (e.g. drawn) and may or may not include useful results (e.g. clotted sample). As with the ART indicator, a patient who was seen at multiple VA facilities and had a CD4 or VL test run at some of those sites would be categorized as "needs met" for all of the facilities where any care was received.
- Receipt of Any Care Indicator - This field indicates whether a patient received either an ART and/or a CD4 lymphocyte test and/or HIV VL test in the target fiscal year. As with the ART and CD4 or VL test indicators, a patient who was seen at multiple VA facilities and had at least one of these indicators performed would be counted as "needs met" for the target fiscal year at all facilities where care was given.

Table 4. VA HIV care analysis, reporting station: Heartland East/St. Louis (657), FY2003

	In Group	On ART		Received CD4 Test		Received Viral Load Testing		Receipt of any Care Indicator	
	Number	Number	%	Number	%	Number	%	Number	%
Total	250	187	74.8%	213	85.2%	215	86.0%	221	88.4%
Sex									
Female	2	2	100.0%	2	100.0%	2	100.0%	2	100.0%
Male	248	185	74.6%	211	85.1%	213	85.9%	219	88.3%
Age Group									
Less than 30	4	2	50.0%	4	100.0%	4	100.0%	4	100.0%
30-39	37	28	75.7%	34	91.9%	34	91.9%	35	94.6%
40-49	108	82	75.9%	93	86.1%	93	86.1%	96	88.9%
50-59	75	55	73.3%	59	78.7%	61	81.3%	63	84.0%
60-69	19	15	78.9%	17	89.5%	17	89.5%	17	89.5%
70 and older	7	5	71.4%	6	85.7%	6	85.7%	6	85.7%
Race/Ethnicity									
Black (Not-Hispanic)	117	75	64.1%	97	82.9%	99	84.6%	101	86.3%
White (Not-Hispanic)	117	99	84.6%	102	87.2%	103	88.0%	105	89.7%
Multiple	7	6	85.7%	6	85.7%	6	85.7%	6	85.7%
Unknown	9	7	77.8%	8	88.9%	7	77.8%	9	100.0%
Risk Factor									
Bisexual	5	4	80.0%	4	80.0%	4	80.0%	4	80.0%
Healthcare/Clinical	2	1	50.0%	2	100.0%	2	100.0%	2	100.0%
Heterosexual	28	23	82.1%	26	92.9%	26	92.9%	26	92.9%
Homosexual	69	52	75.4%	59	85.5%	60	87.0%	61	88.4%
IDU	11	10	90.9%	10	90.9%	10	90.9%	10	90.9%
IDU & Heterosexual	1	0	0.0%	1	100.0%	1	100.0%	1	100.0%
IDU & Homosexual	1	0	0.0%	1	100.0%	1	100.0%	1	100.0%
Multiple	2	2	100.0%	2	100.0%	2	100.0%	2	100.0%
Transfusion	1	1	100.0%	1	100.0%	1	100.0%	1	100.0%
Unknown	130	94	72.3%	107	82.3%	108	83.1%	113	86.9%

Table 5. VA HIV care analysis, reporting station: Heartland West/Kansas City (589), FY2003

	In Group	On ART		Received CD4 Test		Received Viral Load Testing		Receipt of any Care Indicator	
	Number	Number	%	Number	%	Number	%	Number	%
Total	199	150	75.4%	145	72.9%	167	83.9%	178	89.4%
Sex									
Female	7	4	57.1%	3	42.9%	7	100.0%	7	100.0%
Male	192	146	76.0%	142	74.0%	160	83.3%	171	89.1%
Age Group									
Less than 30	2	2	100.0%	1	50.0%	2	100.0%	2	100.0%
30-39	31	27	87.1%	27	87.1%	29	93.5%	30	96.8%
40-49	78	54	69.2%	58	74.4%	70	89.7%	72	92.3%
50-59	71	57	80.3%	50	70.4%	56	78.9%	63	88.7%
60-69	11	7	63.6%	7	63.6%	7	63.6%	8	72.7%
70 and older	6	3	50.0%	2	33.3%	3	50.0%	3	50.0%
Race/Ethnicity									
Black (Not-Hispanic)	65	45	69.2%	47	72.3%	55	84.6%	57	87.7%
White (Not-Hispanic)	108	88	81.5%	75	69.4%	88	81.5%	97	89.8%
Hispanic	2	1	50.0%	2	100.0%	2	100.0%	2	100.0%
Multiple	2	2	100.0%	1	50.0%	2	100.0%	2	100.0%
Unknown	22	14	63.6%	20	90.9%	20	90.9%	20	90.9%
Risk Factor									
Heterosexual	13	10	76.9%	9	69.2%	11	84.6%	11	84.6%
Homosexual	56	44	78.6%	43	76.8%	50	89.3%	53	94.6%
IDU	6	5	83.3%	4	66.7%	5	83.3%	5	83.3%
Multiple	1	1	100.0%	1	100.0%	1	100.0%	1	100.0%
Transfusion	2	2	100.0%	1	50.0%	2	100.0%	2	100.0%
Unknown	121	88	72.7%	87	71.9%	98	81.0%	106	87.6%

Question 2: What are the number and characteristics of the individuals who know they are HIV positive but not in care?

The Ryan White program uses the term “unmet need” to describe persons known to be living with HIV that are not “in care”. The Missouri Ryan White program defines “in care” as having at least one CD4 or VL test during a one-year period (as reported to DHSS). Stated simply, the formula to measure unmet need in Missouri is:

$$\text{Total Living PLWH/A} - \text{PLWH/A with a Reported CD4/VL (CY04)} = \text{Unmet Need}^2$$

Table 6 illustrates both the overall unmet need in Missouri, as well as the impact that enrollment in HIV case management has on unmet need. 71.9% of PLWH/A enrolled in case management had a reported CD4 and/or viral load in 2004, as compared to only 41.9% of the total population of PLWH/A in Missouri. A combination of factors may contribute to this.

1. Case management assists clients to locate and access to medical care by referral.
2. Case management assists clients through health education and counseling to understand the essential nature of routine medical care.
3. Case management assists clients to utilize appropriate payer sources to fund routine medical care.

Other factors may have a role such as linking clients to home health care, mental health counseling, substance abuse treatment, and working to prevent clients from becoming unstably housed³.

²Living person with HIV disease minus Reported CD4/Viral Load in calendar year 2004 = Unmet Need

³Katz MH, Cunningham WE, Fleishman JA, Anderson RM, Kellogg T, Bozzette SA, et al. Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications among HIV-Infected Persons. *Ann Intern Med.*2001; 135:557-565.

Table 6. Missourians living with HIV disease receiving medical care/treatment*

	All Persons Living With HIV Disease					Case Management Clients				Non-Case Mgmt Clients			
	Total Living as of 12/31/2004	Had a CD4/VL Test in 2004	CD4/VL in 2003	CD4/VL in 2002		Had a CD4/VL Test	CD4/VL in 2003	CD4/VL in 2002		Had a CD4/VL Test	CD4/VL in 2003	CD4/VL in 2002	
St. Louis Region													
White	2106	894	42.5%	43.2%	36.7%	436	69.9%	67.1%	51.4%	458	30.9%	33.1%	30.5%
Black	2304	1091	47.4%	44.7%	39.5%	765	82.7%	73.7%	62.8%	326	23.6%	25.2%	23.8%
Other	118	42	35.6%	37.3%	32.2%	27	75.0%	75.0%	55.6%	15	18.3%	20.7%	22.0%
Total	4528	2027	44.8%	43.8%	38.0%	1228	77.5%	71.2%	58.2%	799	27.1%	29.1%	27.1%
Kansas City Region													
White	1720	586	34.1%	38.5%	39.6%	333	57.5%	63.9%	63.2%	253	22.2%	25.7%	27.6%
Black	1009	407	40.3%	41.8%	41.2%	278	69.8%	68.6%	64.3%	129	21.1%	24.4%	26.2%
Other	172	63	36.6%	37.2%	37.2%	37	69.8%	73.6%	79.2%	26	21.8%	21.0%	18.5%
Total	2901	1056	36.4%	39.6%	40.0%	648	62.9%	66.2%	64.5%	408	21.8%	25.0%	26.6%
Northwest Region													
White	121	26	21.5%	26.4%	29.8%	19	46.3%	39.0%	46.3%	7	8.8%	20.0%	21.3%
Black	29	11	37.9%	37.9%	44.8%	3	23.1%	23.1%	46.2%	8	50.0%	50.0%	43.8%
Other	1	0	0.0%	0.0%	100.0%	0	0.0%	0.0%	0.0%	0	0.0%	0.0%	100.0%
Total	151	37	24.5%	28.5%	33.1%	22	40.7%	35.2%	46.3%	15	15.5%	24.7%	25.8%
North-Central Region													
White	352	173	49.1%	50.0%	45.2%	107	74.3%	71.5%	58.3%	66	31.7%	35.1%	36.1%
Black	160	69	43.1%	47.5%	48.1%	45	76.3%	74.6%	61.0%	24	23.8%	31.7%	40.6%
Other	15	5	33.3%	46.7%	46.7%	3	75.0%	100.0%	100.0%	2	18.2%	27.3%	27.3%
Total	527	247	46.9%	49.1%	46.1%	155	74.9%	72.9%	59.9%	92	28.8%	33.8%	37.2%
Southeast Region													
White	229	105	45.9%	41.9%	41.0%	73	78.5%	64.5%	58.1%	32	23.5%	26.5%	29.4%
Black	81	35	43.2%	46.9%	42.0%	25	75.8%	78.8%	57.6%	10	20.8%	25.0%	31.3%
Other	5	2	40.0%	80.0%	60.0%	1	50.0%	100.0%	50.0%	1	33.3%	66.7%	66.7%
Total	315	142	45.1%	43.8%	41.6%	99	77.3%	68.8%	57.8%	43	23.0%	26.7%	30.5%
Southwest Region													
White	688	340	49.4%	49.9%	47.8%	256	80.3%	74.9%	68.3%	84	22.8%	28.2%	30.1%
Black	89	42	47.2%	40.4%	36.0%	31	93.9%	72.7%	60.6%	11	19.6%	21.4%	21.4%
Other	32	7	21.9%	25.0%	18.8%	7	58.3%	41.7%	41.7%	0	0.0%	15.0%	5.0%
Total	809	389	48.1%	47.8%	45.4%	294	80.8%	73.6%	66.8%	95	21.3%	26.7%	27.9%
Corrections													
White	159	53	33.3%	35.2%	43.4%	27	58.7%	50.0%	56.5%	26	23.0%	29.2%	38.1%
Black	389	145	37.3%	35.7%	38.8%	61	55.5%	57.3%	50.9%	84	30.1%	27.2%	34.1%
Other	7	2	28.6%	28.6%	14.3%	1	50.0%	100.0%	50.0%	1	20.0%	0.0%	0.0%
Total	555	200	36.0%	35.5%	39.8%	89	56.3%	55.7%	52.5%	111	28.0%	27.5%	34.8%
Statewide (MO)													
White	5375	2177	40.5%	42.3%	39.8%	1251	67.8%	66.6%	58.9%	926	26.2%	29.6%	29.8%
Black	4061	1800	44.3%	43.1%	40.2%	1208	76.9%	71.0%	62.0%	592	23.8%	25.6%	26.4%
Other	350	121	34.6%	36.9%	34.3%	76	69.7%	72.5%	67.0%	45	18.7%	20.7%	19.5%
Total	9786	4098	41.9%	42.5%	39.8%	2535	71.9%	68.7%	60.6%	1563	25.0%	27.7%	28.1%

*Medical care for HIV disease is defined by have at least one CD4 count or Viral Load test per year as reported to DHSS.

HIV Disease Epidemiologic Reports

DHSS. **HIV/AIDS: Scientific Studies and Reports** (Includes links to current and past editions of the Missouri *HIV/STD Epidemiologic Profiles* {formerly the *KWIK Facts*}, as well as to current and past editions of *HIV/STD Statistics*.)

http://www.dhss.mo.gov/HIV_STD_AIDS/Data.html

CDC. **HIV/AIDS Basic Statistics**

<http://www.cdc.gov/hiv/stats.htm>

CDC. **HIV/AIDS Surveillance Report**

<http://www.cdc.gov/hiv/stats/hasrlink.htm>

HIV Disease Web Sites

DHSS. **HIV/AIDS**

<http://www.dhss.mo.gov/GLRequest/ID/HIVAIDS.html>

DHSS. **Section of Communicable Disease Prevention**

http://www.dhss.mo.gov/HIV_STD_AIDS/

CDC. **Division of HIV/AIDS Prevention Home Page**

<http://www.cdc.gov/hiv/dhap.htm>

CDC. **Center for AIDS Prevention Studies (CAPS)**

<http://www.caps.ucsf.edu/AIDSlist.html>

NIAID. **NIAID Publications on HIV/AIDS**

<http://www.niaid.nih.gov/publications/aids.htm>

National Library of Medicine. **HIV/AIDS Information**

<http://sis.nlm.nih.gov/HIV/HIVMain.html>

Helena Hatch Special Care Center for Women (St. Louis)

<http://hhscc.wustl.edu>

Project A.R.K. – AIDS/HIV Resources for Kids (St. Louis)

<http://peds.wustl.edu/id/clinical/>

Healthfinder® (A gateway consumer health and human services information web site from the U.S. Government.)

<http://www.healthfinder.gov>

HIV Disease Treatment/Prevention Information

HIV InSite Knowledge Base (A comprehensive, on-line textbook of HIV disease from the University of California San Francisco and San Francisco General Hospital.)

<http://hivinsite.ucsf.edu/InSite.jsp?page=KB>

DHSS: Missouri Department of Health and Senior Services

CDC: Centers for Disease Control and Prevention

NIAID: National Institute of Allergy and Infectious Diseases

Medical Management of HIV Infection by John G. Bartlett, M.D. and Joel E. Gallant, M.D., M.P.H. (A handbook of HIV disease management that serves as the standard of care for the Johns Hopkins AIDS Service and has been accepted as the standard of care for quality assurance by Maryland Medicaid.)
http://www.hopkins-aids.edu/publications/book/book_toc.html

HRSA. **HIV/AIDS Services**
<http://hab.hrsa.gov/>

HIV Disease Clinical Trials and Patient Care Information

CDC. **Taking Part in Research Studies: What Questions Should You Ask?**
<http://www.cdc.gov/hiv/pubs/brochure/unc3bro.htm>

The Pediatric AIDS Clinical Trials Group
<http://pactg.s-3.com/>

Helena Hatch Special Care Center for Women (St. Louis)
<http://hhscc.wustl.edu/>

Project A.R.K. – AIDS/HIV Resources for Kids (St. Louis)
<http://peds.wustl.edu/id/clinical>

HIV Disease Educational Opportunities for Health Professionals

Midwest AIDS Education and Training Centers (MATEC)
<http://ness2.uic.edu/htbin/ulist/az?dispatch=find&style=az&orgid=99258>

AIDS Education Training Centers (AETC)
<http://www.aids-etc.org/>

STD Epidemiologic Reports

DHSS. **Sexually Transmitted Diseases: Scientific Studies and Reports** (Includes links to current and past edition of the Missouri *HIV/STD Epidemiologic Profiles* {formerly the *KWIK Facts*}, as well as to current and past editions of *HIV/STD Statistics*.)
<http://www.dhss.mo.gov/GLRequest/ID/SSRSTD.html>

CDC. **STD Surveillance & Statistics**
http://www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm

STD Web Sites

DHSS. **Section for Communicable Disease Prevention**
http://www.dhss.mo.gov/HIV_STD_AIDS/

DHSS: Missouri Department of Health and Senior Services
CDC: Centers for Disease Control and Prevention
HRSA: Health Resources and Services Administration
NIAID: National Institute of Allergy and Infectious Diseases

CDC. CDC Division of STD Prevention Home Page

<http://www.cdc.gov/std/>

NIAID. NIAID Publications on STDs

<http://www.niaid.nih.gov/publications/stds.htm>

Healthfinder®. (A gateway consumer health and human services information web site from the U.S. Government.)

<http://www.healthfinder.gov>

STD Treatment/Prevention Information

CDC. Sexually Transmitted Diseases Treatment Guidelines 2002

<http://www.cdc.gov/std/treatment/default.htm>

STD Educational Opportunities for Health Professionals

St. Louis STD/HIV Prevention and Training Center

<http://std.wustl.edu/>

National STD/HIV Prevention and Training Center Network

<http://depts.washington.edu/nnptc/>

Glossary

AIDS case

This refers to an individual who has been infected with human immunodeficiency virus (HIV) that is in the later stages of the disease process and has met the case definition for AIDS.

Case rate

The frequency of a defined event in a specified population for a given time period, usually expressed as the number of cases per 100,000 people in a population. Case rate is calculated by dividing the number of cases in the population of interest by the total number of people in the population. Then multiplying by 100,000 to get the rate per 100,000.

Case definition for AIDS

All HIV-infected people who have fewer than 200 CD4⁺ T cells per cubic millimeter of blood (healthy adults usually have 800 to 1,200, with 1,000 the average). In addition, the definition includes 26 clinical conditions that affect people with advanced HIV disease. Most of these conditions are opportunistic infections that generally do not affect healthy people.

CD4+ T cells

This is a white blood cell with CD4 molecules on its surface. These cells play an important role in the human immune system. Sometimes referred to as “helper” cells, they orchestrate the body's response to certain microorganisms such as viruses. HIV virus particles attack and utilize these cells to multiply.

Confidence Intervals

These are used in statistical estimation of data that were collected in a random manner and weighted to represent the general population of study. The confidence interval consists of the range of values that are compatible with the point estimate--the single value that is the estimate of the target parameter. The end-points of each interval are called confidence limits. A confidence level of the confidence interval is based on an arbitrary degree of compatibility between the limits of the interval and the data. The arbitrary degree of compatibility is referred to as *alpha* and the confidence level is calculated by subtracting the alpha from one. Therefore, if *alpha* is 0.05 then the confidence level is 0.95, and represents a 95% confidence interval¹.

Cumulative number of cases

The number of all cases diagnosed with a particular condition including living and deceased individuals in a specified area.

Date of diagnosis

The date a laboratory makes a diagnosis based on the chemical analysis of a specimen.

Epidemic

The “occurrence in a community or region of cases of an illness, specified health-related behavior, or other health-related events clearly in excess of normal expectancy.”²

Highly active antiretroviral therapy (HAART)

This is a treatment protocol using a combination of antiretroviral drugs to suppress the HIV virus. These drugs consist of three basic classes depending on their method of suppression: reverse transcriptase (RT) inhibitors, protease inhibitors (PI) and fusion inhibitors.

HIV case

It refers to an individual who has been infected with the human immunodeficiency virus (HIV) that is in the early stages of the disease process and has not met the case definition for AIDS.

¹ Rothman, KL and S. Greenland. Modern Epidemiology. Second Edition. Philadelphia: Lippincott Williams & Wilkins, 1998.

² Last, JM, ed. A Dictionary of Epidemiology. Third Edition. New York: Oxford University Press; 1995.

Glossary

HIV disease case

This includes all individuals who have been infected with the human immunodeficiency virus (HIV). Cases can be sub-classified into either HIV cases or AIDS cases.

Incidence

The number of new cases of a specified condition diagnosed within a given time.³ The calendar year is used in the *Profiles* to calculate incidence.

Incidence rate

The number of new cases diagnosed in a specified population for a given time period, usually expressed as the number of cases per 100,000 people in a population. Incidence rate is calculated by dividing the number of new cases in the population of interest by the total number of people in that population. Then multiplying by 100,000 to get the rate per 100,000.

Modes of transmission

Also referred to as **exposure categories**, this term refers to the way in which an individual acquired the HIV virus. The most common modes of transmission are: men who have sex with men (MSM), heterosexual contact, injection drug users (IDU), men who have sex with men and practice injection drug use (MSM/IDU), hemophilia/coagulation disorder, and blood transfusion or tissue recipients.

P-values

These are a continuous measure of the compatibility between a hypothesis and data. A fixed cutoff point, usually 5%, is selected as a criterion by which to judge the P-value. In this text P-values are used in the Behavioral Section to compare responses from sub-groups to HIV/AIDS related questions. If the P-value is less than or equal to 0.05, the hypothesis is accepted and there is a significant difference between the sub-group responses.⁴

Point prevalence

This refers to the number of persons living with a specified condition at a given point in time.⁵ December 31st, is used as the date for the *Profiles* to calculate the number of persons living with HIV or AIDS for each year.

Prevalence rate

The number of individuals living with the specified condition in a specified population for a given time period, usually expressed as the number of cases per 100,000 people in a population. A prevalence rate is calculated by dividing the number of living cases in the population of interest by the total number of people in that population. Then multiplying by 100,000 to get the rate per 100,000.

Sexually Transmitted Infections

Sexually transmitted infections (STIs), commonly called **sexually transmitted diseases (STDs)** and once called venereal diseases, are among the most common infectious diseases in the United States today. They are a group of infections that are predominantly transmitted through sexual activity.

³ Janes, GR et al. Descriptive Epidemiology: Analyzing and Interpreting Surveillance Data. In Principles and Practice of Public Health Surveillance, 2nd Edition. Edited by SM Teutsch and RE Churchill, Oxford University Press, 2000.

⁴ Rothman, KL and S. Greenland. Modern Epidemiology. Second Edition. Philadelphia: Lippincott, Williams & Wilkins, 1998.

⁵ Janes, GR et al. Descriptive Epidemiology: Analyzing and Interpreting Surveillance Data. In Principles and Practice of Public Health Surveillance, 2nd Edition. Edited by SM Teutsch and RE Churchill, Oxford University Press, 2000.

Sexually Transmitted Infections and the Organisms Responsible ⁶

Disease	Organism(s)
Acquired Immunodeficiency Syndrome (AIDS)	Human immunodeficiency virus
Bacterial vaginosis	Bacteroides <i>Gardnerella vaginalis</i> Mobiluncus spp. <i>Mycoplasma hominis</i> <i>Ureaplasma urealyticum</i>
Chancroid	<i>Haemophilus ducreyi</i>
Chlamydial infections	<i>Chlamydia trachomatis</i>
Cytomegalovirus infections	Cytomegalovirus
Genital Herpes	Herpes simplex virus
Genital (venereal) warts	Human papillomavirus
Gonorrhea	<i>Neisseria gonorrhoeae</i>
Granuloma inguinale (donovanosis)	<i>Calymmatobacterium granulomatis</i>
Leukemia-Lymphoma/Myelopathy	HTLV-I and II
Lymphogranuloma venereum	<i>Chlamydia trachomatis</i>
Molluscum contagiosum	Molluscum contagiosum virus
Pubic Lice	<i>Phthirus pubis</i>
Scabies	<i>Sarcoptes scabiei</i>
Syphilis	<i>Treponema pallidum</i>
Trichomoniasis	<i>Trichomonas vaginalis</i>
Vaginal yeast infections	<i>Candida albicans</i>

⁶ Source: <http://www.mynra.com/health/sexual/std/o/intro.html>. Accessed 3/21/05.